



Ontario

Ministry of
Consumer and
Commercial

Relations

Registration
Division

Real
Property
Registration
Branch

BULLETIN NO 94001

DATE: August 18, 1994

TO: All Land Registrars

Power of Attorney Form

The Substitute Decisions Act, 1992

The Substitute Decisions Act, 1992 is expected to be proclaimed in early 1995. The Ministry of Attorney General has prepared and distributed information packages throughout the province which contain two forms that may be used by the donor to appoint an attorney. They are entitled "Power of Attorney for Personal Care" and "Continuing Power of Attorney for Property".

These forms are printed on 8 1/2" X 11" size paper, in blue ink and on both sides of the paper. Some of these forms may be used by the individuals who wish to prepare their own power of attorney documents.

Of the two printed forms, only the form entitled "Continuing Power of Attorney for Property" (a copy is enclosed), is acceptable for registration under both the Registry Act and the Land Titles Act. The Ministry of Attorney General has stated in this form that even though the Substitute Decisions Act, 1992 will not be in force until early 1995, this form contains all the clauses necessary to make it a valid continuing power of attorney **now**. It will also be in a form which will be valid if it is **signed after** the Substitute Decisions Act, 1992 comes into effect. Therefore, this form can be accepted for registration effective immediately.

Where the printed form is used and presented for registration and the document is otherwise acceptable for registration (e.g. attached to a completed Form 4, Document General, legible, etc.), the document is to be registered in the Land Registry Office notwithstanding the size of the paper, the colour of the ink and that it is printed on both sides of the paper.

It is our opinion, that the attorney appointed by making use of the Continuing Power of Attorney for Property form has the power to give consent or make the acceptable statements on behalf of the donor to show compliance with the provisions of the Family Law Act.

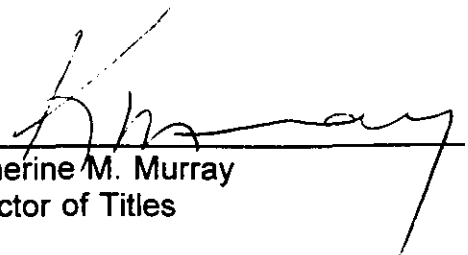
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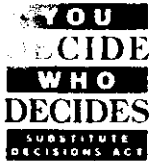
Upon registration of the document, a note is to be attached advising the staff member who microfilms it to "Film both sides of the printed form which is attached as a schedule to this Form 4 Document General".



Anthony G. Sharp
Deputy Director of Land Registration



Katherine M. Murray
Director of Titles



Continuing Power of Attorney for Property

(General Power of Attorney made in accordance with the Powers of Attorney Act and the Substitute Decisions Act, 1992)

I, _____ revoke any previous continuing power of
(Print or type your full name here.)

attorney for property made by me and APPOINT: _____

(Print or type the name of the person or persons you appoint here.)

to be my attorney(s) for property.

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words "jointly and severally" here:

(This may be left blank.)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the court, I SUBSTITUTE: (This may be left blank.)

to act as my attorney for property with the same authority as the person he or she is replacing.

4. I AUTHORIZE my attorney(s) for property to do on my behalf, anything that I can lawfully do by an attorney, and specifically anything in respect of property that I could do if capable of managing property, except make a will, subject to the law and to any conditions or restrictions contained in this document.

In accordance with the Powers of Attorney Act, I declare that this power of attorney may be exercised during any subsequent legal incapacity on my part. This indicates my intention that this document will be a continuing power of attorney for property under the Substitute Decisions Act, 1992 and may be used during my incapacity to manage property.

In accordance with the Powers of Attorney Act, I declare that, after due consideration, I am satisfied that the authority conferred on the attorney(s) named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act. I therefore direct that in that event, the attorney(s) named in this power of attorney may retain this power of attorney for the management of my estate by complying with subsection 56(2) of the Mental Health Act and in that case the Public Trustee shall not become committee of my estate as would otherwise be the case under clauses 56(1)(a) and (b) of that Act. [Note: There are provisions under the Substitute Decisions Act which will make this statement unnecessary and inoperative after the law comes into effect].

5. **CONDITIONS AND RESTRICTIONS** Attach, sign, and date additional pages if required.

(This part may be left blank.)

Conditions and Restrictions (continued)

6. DATE OF EFFECTIVENESS

Unless otherwise stated in this document, this continuing power of attorney will come into effect on the date it is signed and witnessed.

7. COMPENSATION

Unless otherwise stated in this document, I authorize my attorney(s) to take annual compensation from my property in accordance with the fee scale prescribed by regulation for the compensation of guardians of property made pursuant to section 90 of the *Substitute Decisions Act, 1992*. [Note: This provision will not become effective until the *Substitute Decisions Act, 1992*, is declared in force.]

8. SIGNATURE: _____ Date: _____

(Sign your name in the presence of two witnesses.)

9. WITNESS STATEMENT AND SIGNATURE

[Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.]

We have no reason to believe that the grantor is incapable of giving a continuing power of attorney for property. We have signed this power of attorney in the presence of the person whose name appears above and in the presence of each other.

Witness #1: Signature: _____ Print Name: _____
Address: _____ Date: _____

Witness #2: Signature: _____ Print Name: _____
Address: _____ Date: _____