

# Cam Sherk

NOTARY PUBLIC

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## INSTRUCTIONS FOR POWER OF ATTORNEY

Your Full Legal Name(s):	
Occupation:	
Your Address:	
Telephone Number:	

The person(s) you wish to appoint:

Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	

If you wish to appoint more than one attorney, please indicate the person's information below:

2 <sup>nd</sup> Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	

3 <sup>rd</sup> Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	

Address:

**Some things you should know before getting started:**

- The Power of Attorney is no longer valid if the Attorney, dies, becomes bankrupt or becomes insolvent;
- The Attorney can do anything financially that the Adult (donor) can do. There are some exceptions; for example, the Attorney cannot transfer the Adult (donor)'s property into the Attorney's personal name, unless the document specifically provides for this, nor can the Attorney make/change the Adult (donor)'s Will.
- The Attorney must act in the best interests of the Adult (donor) and use any instructions or known beliefs or wishes as a guide as far as practicable.
- The Attorney cannot use the Power of Attorney to access the Adult (donor)'s safety deposit box unless specific authorization is given by the Adult (donor), either in the document or to the bank where the safety deposit box is located. For this reason, it is not advisable to keep the Power of Attorney in a safety deposit box.
- You must be aware that should the Attorney (donor) mismanage your assets, they could diminish in value.

Do you own real estate? YES  NO

If yes, check the title to all your real estate property(ies) to make sure the name(s) on the title(s) is/are exactly the same as you have provided us above for the Adult (donor). They must match or the Land Title Office will reject the Power of Attorney.

Is the property a specific gift in your will? YES  NO

Do you want multiple Attorneys? If so are they to act separately / must act together (circle one)?

Bear in mind if they must act together, if one of them becomes incapable or dies, the document would then be void and you might not be competent at the time to make a new Power of Attorney.

If they must act together, under what circumstances would one attorney be authorized to act alone (tick applicable boxes)

- One of the attorneys dies
- One of the attorneys becomes incapable or very ill

- One of the attorneys moves away
- If one refuses to act

Do these events have to be confirmed by a third party? Yes  No

If yes, please give two people or health care professionals who could confirm the event. \_\_\_\_\_

Where there are multiple attorneys, indicate how you would like your Attorneys to resolve a conflict?

- Consult a notary, accountant or lawyer
- Consult a family friend (name) \_\_\_\_\_
- Consult another professional (name) \_\_\_\_\_

Do you want your attorney(s) to be paid Yes  No

If yes indicate:

- Out of Pocket expenses only (ferries, airfares, long distance, etc)
- A reasonable hourly rate for time spent on your behalf (currently \$\_\_\_\_\_)
- A fee arrangement (generally for professionals) based on
  - Capital fee of \_\_\_% of value of trust property, and
  - An annual income fee of \_\_\_% of income earned, and
  - An annual care and management fee of \_\_\_% calculated on the average value of the trust property.

**If you have a fee agreement with a professional, please be sure to bring it with you to the interview.**

**PLEASE INITIAL IN THE BOX DEPENDING ON YOUR CHOICE FOR THE CHART BELOW.**

Question	Yes	No
Do you want your Attorney to have access to your safety deposit box?		
Do you want your Power of Attorney to be able to act despite any subsequent mental infirmity on your part (an Enduring Power of Attorney)?		
Do you want your Attorney to be able to distribute the Capital of your estate prior to your death?		

Do you want your Attorney to be able to distribute your personal effects if you are no longer able to live in your home?		
Do you want your Attorney to be able to make, or continue making Charitable Donations or gifts to family members or organizations on your behalf?		
Do you want your Attorney to be able appoint a substitute Attorney? The appointed Attorney will not have the power to appoint another Attorney.		
Do you want your Attorney to be able to transfer your property/assets into their own name?		
Do you want your Attorney to have access to a Copy of your Will?		

What is your Estimated Net Worth? \$ \_\_\_\_\_

Describe your Assets: Bank Accounts/Property/ Type of Ownership Joint Tenants or Tenants in Common/RRSP/Business Assets/Personal Effects/Foreign Assets.

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Please email or fax this form to our office and we will call you for an appointment to sign the document.

PLEASE COMPLETE THE SECTION BELOW BEFORE RETURNING TO OUR OFFICES.

I \_\_\_\_\_ approve these Power of Attorney instructions  
(Name of Adult)  
consisting of \_\_\_\_\_ pages this \_\_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
(Signature of Adult)

\* The person who gives a power of attorney is referred to as the "Adult."