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Legal & Notary Services*

* denotes a law corporation

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POWER OF ATTORNEY INSTRUCTIONS FOR 1 OR 2 PERSON/S WITH THE SAME ATTORNEYS OR ALTERNATE ATTORNEYS: *** If acting for 2 people, it is a Joint Retainer – nothing is confidential between you; we would stop acting for both of you in the event of a conflict*

****Note if different then each use your own separate form.**

Power of Attorney cost: **\$275.00 plus taxes EACH**, which includes your Attorneys having ALL signatures notarized at this office along with one certified true copy.

IT IS RECOMMENDED TO READ THROUGH THIS WHOLE INSTRUCTION SHEET BEFORE COMPLETING! DO THE BEST YOU CAN AND IT WILL BE TAILORED TO YOUR NEEDS AT YOUR APPOINTMENT.

Date instructions received: _____, 20__ Date required: _____, 20__

INSTRUCTIONS FOR POWER OF ATTORNEY (SPOUSE #1)

Your Full Legal Name(s):	
Occupation:	
Your Address:	
Telephone Number:	
Email address:	
Date of Birth:	

INSTRUCTIONS FOR POWER OF ATTORNEY (SPOUSE #2)

Your Full Legal Name(s):	
Occupation:	
Your Address:	
Telephone Number:	
Email address:	
Date of Birth:	

Some things you should know: (EACH INITIAL BESIDE EACH POINT AS APPLICABLE AS SPOUSE #1 AND SPOUSE #2)

1. The Power of Attorney is no longer valid if the Attorney dies, becomes bankrupt or becomes insolvent;

2. 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 such as land or bank accounts (for discussion at your appointment). This document will not allow for further charitable gift giving as you WILL NOT know what your costs of care will be in the future.

3. The Attorney **CANNOT** make/change the Adult (Donor's) Will.

4. 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.

5. This document will grant access to your safety deposit box (if any) BUT the Attorney must produce the original if not listed at the bank. For this reason, it is not advisable to keep the Power of Attorney in your safety deposit box.

6. You must be aware that should the Attorney mismanage your assets, they could diminish in value.

7. This Power of Attorney is only for personal assets held in British Columbia. Should you have assets outside of the Province you should confirm documentation needed for a Power of Attorney to be effective in the jurisdiction in which the asset is held.

8. This is an Enduring Power of Attorney and will survive any mental infirmity on your part. **NOTE:** If a spouse is named, the Power of Attorney is automatically revoked upon the marriage or marriage like relationship ending.

Existing Powers of Attorney: (check the appropriate response)

Do you currently have a Power of Attorney? **YES** **NO**

Is it to be revoked? **YES** **NO**

If yes, is it to be revoked, provide:

Name of Attorney: _____

Revocation is **only effective** upon written notice being given to all Attorneys named in the Enduring Power of Attorney.

Do you wish me to prepare written revocation and Notice -\$100.00 plus taxes?

YES **NO**

Will you give notice yourself to your attorney and financial institutions and obtain the original documents back?

YES **NO**

Real Estate:

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) match your instructions and identification **EXACTLY**. It is highly recommended to bring a copy of your State of Title Certificate or have a search completed if this answer is unknown.

They must match or the Land Title Office will reject the Power of Attorney.

NAME(S) IN WHICH ALL YOUR REAL ESTATE ASSETS ARE HELD:

1. _____
2. _____
3. _____
4. _____

If you **DO NOT KNOW** in what name your property is held you authorize me to conduct a Land search the costs of which are \$25.00 **YES** **NO**

Is any of your real estate given in your Will as a specific gift? **YES** **NO**

This would be a critical factor for your Attorney to know as to not to dispose of the same unless necessary for your care.

The person(s) you wish to appoint:

THE PRIMARY ATTORNEY(S): commonly your spouse but not necessarily (solely depends on individual circumstances).

INSTRUCTIONS FOR POWER OF ATTORNEY (SPOUSE #1)

Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Telephone Number:	

IF MORE THAN ONE PRIMARY IS APPOINTED i.e.: JOINT

Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Telephone Number:	

CHOICE AS TO WHEN THE PRIMARY ATTORNEYS CAN BEGIN TO ACT: pick one

IMMEDIATELY (should have high trust level)

Or AFTER PROVING YOUR MENTAL INFIRMITY TO ACT (i.e. need doctor proof)?

If more than one Primary Attorney is appointed, are the Primary Attorneys to act together, or can either Primary Attorney act?

MUST ACT TOGETHER (i.e. Jointly)

Or EITHER PRIMARY ATTORNEY CAN ACT

INSTRUCTIONS FOR POWER OF ATTORNEY (SPOUSE #2)

Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Telephone Number:	

FOR MORE THAN ONE PRIMARY i.e.: JOINT

Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Telephone Number:	

CHOICE AS TO WHEN THE PRIMARY ATTORNEYS CAN BEGIN TO ACT: pick one

IMMEDIATELY (should have high trust level)

Or AFTER PROVING YOUR MENTAL INFIRMITY TO ACT (i.e. need doctor proof)?

If more than one Primary Attorney is appointed, are the Primary Attorneys to act together, or can either Primary Attorney act?

MUST ACT TOGETHER (ie Jointly)

Or EITHER PRIMARY ATTORNEY CAN ACT

THE ALTERNATE ATTORNEY(S):
SAME ALTERNATES FOR SPOUSE #1 AND #2:

Only naming one Attorney **IS NOT RECOMMENDED**. To insure you are well protected you need to contemplate what happens if that 1st Attorney becomes ill, passes away or is unable to assist you for some reason. Remember that you may **NOT** be able to prepare a new Power of Attorney in future if you do not have mental capacity for whatever reason.

Alternate #1 Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Telephone Number:	

Alternate #2 Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Telephone Number:	

LEVELS OF PROOF:

Do the Alternate Attorney(s) have to prove the **donor's** (i.e. your) mental infirmity to act (i.e. need doctor proof)? **YES** **NO**

Are the Alternate Attorney(s) required to prove the inability of your **Primary Attorney(s)** to act, or are you comfortable with a simple statement they are not to act until the Primary Attorney(s) is/are unable?

- Simple statement (depicts a high level of trust)
- Must Prove (puts a control mechanism in place) - i.e. must provide death certificate, doctor's certificate or affidavit of primary attorneys

How they can act: If more than one Alternate Attorney is appointed, are the Alternate Attorneys to act together, or can either Alternate Attorney act?

- MUST ACT TOGETHER (i.e. Jointly)
- Or** EITHER ALTERNATE ATTORNEY CAN ACT

NOTE: It is possible to name 3 people and request any 2 of who must act together.

RESOLVING CONFLICTS BETWEEN MULTIPLE ATTORNEYS:

Only where there are multiple attorneys acting Jointly, indicate if and how you would like your Attorneys to resolve a conflict?

- No need to specify any third party for resolution
- Consult a notary, accountant or lawyer
- Consult a family friend (name) _____
- Consult another professional (name) _____

YES NO

CONDITIONS AND RESTRICTIONS OF THE POWER OF ATTORNEY(S):

- Do you want the Attorney to be able to transfer your property into his/her name/s?
YES NO (to avoid probate but would be as a trustee for the benefit of your estate) Discuss with J. Amber Goddyn at the time of appointment if unclear.
- Are there any other conditions or restrictions that will apply to your Power of Attorney? **YES NO**

ie: Appointment of Attorney effective upon attaining the age of 19

List as applicable: _____

CORPORATIONS:

- Do you have any corporations? **YES NO**
 - If yes, are corporate powers of attorney in place? **YES NO**

Remuneration to the Attorney for Services Rendered:

My attorney(s) shall not be compensated for acting on my behalf but may be reimbursed for reasonable out of pocket expenses (s.24)

My attorney(s) may be compensated for acting on my behalf at his/her normal rate of pay at the time this document is being used. At the time of signing this document the rate is \$_____per hour.

My attorney(s) may be compensated for acting on my behalf with a lump sum of \$_____ should they act on my behalf.

My attorney, being a professional, will charge his/her normal fees based on:

A one-time fee of 5% of the value of trust property, plus an annual income fee of up to 5% of income earned; and an annual care and management fee of 0.4% calculated on the average value of the trust property.

My attorney, being a professional, will charge at the same rate as those charged by the Public Guardian and Trustee. Currently these are:

- 3% of the gross sale price of real property sold by an agent, payable on the receipt of proceeds, plus
- 5% of cash received whether as capital or income, other than from the sale of real property by an agent, payable on receipt, plus
- 5% of the gross value of securities at the time administration commences and 5% of their growth in value, payable on commencement of administration and on recognition of capital growth, plus
- 0.4 of 1% per annum, computed monthly, on the gross value of all assets, payable monthly, plus
- 5% of the gross value of assets other than securities on demand of payment.

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