

**TAMMY MORIN NAKASHIMA, Notary Public**  
**Phone: (604) 275-0070**

Date instructions received. \_\_\_\_\_

**INSTRUCTIONS FOR POWER OF ATTORNEY:**

Telephone number \_\_\_\_\_

Your Full legal name(s): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Record Variations of your name here: \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

The person(s) you wish to appoint:

**Full Legal name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Do you wish to appoint more than one person? Yes / No; If yes give information below:

2nd Attorney's Full name \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

3rd Attorney's Full name \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Do you own real estate no 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 Donor. Bring a copy in to Tammy's office.

Do you wish joint Attorneys to be able to: \_\_\_\_\_ act alone or only must act together (circle one) – bear in mind if they must act together, if one of them becomes incapable, the document would then be void.

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

- Power of Attorney is no longer valid if the Donor dies, becomes bankrupt or becomes insolvent;
- The Attorney can do anything financially that the Donor can do, except transfer the Donor's property into the Attorney's personal name; and make/change the Donor's Will. The Attorney must act in the best interests of the Donor;
- The Attorney cannot use the Power of Attorney to access the Donor's safety deposit box unless specific authorization is given by the Donor to the bank where the safety deposit box is located

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**POA CHECKLIST**

**CLIENT IDENTIFICATION AND VERIFICATION PROCEDURE:**

- .1 Aliases.
- .2 Date / Place of birth.
- .3 Domicile / Marital status
- .4 Name of spouse, including common law spouse.
- .5 Previous POA particulars. Is the new poa to replace the old one or in addition to the old one?
- 6. Intended purpose of POA
- .7 Should the attorney be paid when acting? If so, on what basis? Hourly or %?
- 8. Powers of appointment or disabled spouse or children

**Identity of spouse, including common law spouse**

- .1 Aliases.
- .2 Date / Place of birth.
- .3 Previous POA particulars.
- .4 Parties present at the interview

**INFORMATION ABOUT THE DONOR'S ASSETS**

- Bank and term deposits (Joint accounts ? )
- Real property – Principal residence / Rental property / location  
 Type of ownership ( Joint Tenancy / Tenancy in common)
- Mortgages. Include amount owing and whether insured.
- RRSP
- Business interests ( Sole proprietor / Partner / Company )
- Personal effects / Vehicles / Boats / Collectibles / Art / Jewelry.
  
- Foreign Assets (Location / Value)
- Does the donor have or need POA for another jurisdiction?
- Estimated net worth

**TESTAMENTARY CAPACITY**

- Age: Minimum age 19:
- Mental capacity. Does the donor show:
  - .1 An understanding of the nature of a POA and its effects.

**DL/PP# \_\_\_\_\_ / Scanned**

**LTO / Specific / Time Limited /  
 General / \_\_\_\_\_**

Attorney can do the following:  
 Transfer ppty to own name \_\_\_\_\_  
 Gift giving: \_\_\_\_\_  
 (if yes, write out details)  
 view will re; bequests \_\_\_\_\_  
 distribute personalty per \_\_\_\_\_  
 Will if house sold or other \_\_\_\_\_  
 circumstances warrant it \_\_\_\_\_  
 (there is/is not a memorandum)  
 use resources for a dependent \_\_\_\_\_  
 child/spouse/foster child \_\_\_\_\_  
 gets paid to act \_\_\_\_\_  
 if yes, give details below  
 have access to SDBox? \_\_\_\_\_  
 Any joint business ventures \_\_\_\_\_  
 with attorney that warrant \_\_\_\_\_  
 special power? \_\_\_\_\_  
 Client is dependent? \_\_\_\_\_  
 Has good/reasonable business \_\_\_\_\_  
 acumen \_\_\_\_\_  
 Attended alone or with spouse? \_\_\_\_\_  
 is concerned of conflict amongst \_\_\_\_\_  
 family?

.3 That he or she is free of delusions which may affect decisions, is there any concern of undue influence?

Evidentiary considerations where donor's capacity is suspect.

- .1 Be particularly sure to keep record of answers to questions relevant to the issue of testamentary capacity.
- .2 Before presenting POA for execution, ask once more what was wanted.
- .3 If necessary, obtain a medical opinion confirming mental capacity.

#### **FRAUD, UNDU INFLUENCE, SUSPICIOUS CIRCUMSTANCES**

Question client to make sure he or she knows the true facts and really wants to make a POA. Question the client alone; get third-party interpreter if required. (Be especially careful if taking instructions from someone other than the donor.)

Record questions and answers.

#### **SUITABILITY OF PERSONS CHOSEN AS ATTORNEY.**

- (a) Integrity
- (b) Age and health.
- (c) Expressed willingness to act and practical ability (e.g., location of Attorney).
- (d) Business and administrative ability and expertise.
- (e) Possible conflict of interest (e.g., co-owner of donor's business).
- (e) Relationship with the beneficiaries
- ( f)Time to act as attorney

Even if EPA does not state that Attorney can delegate, the Attorney can delegate investment decisions to a "qualified investment specialist" if the delegate follows Trustee Act s. 15.5.

Is additional delegation required? Notes:

Include Notes for divided authority between Attornies:

**CHARITABLE GIVING:**

**PURSUANT TO SEC. 20(1)(C) OF THE POWER OF ATTORNEY ACT, THE TOTAL VALUE OF ALL GIFTS, LOANS AND CHARITABLE GIFTS MADE BY AN ATTORNEY IN A YEAR MUST NOT BE MORE THAN THE LESSER OF: A) 10% OF THE ADULT'S TAXABLE INCOME FOR THE PREVIOUS YEAR; AND B) \$5,000.00.**

**ATTESTATION CLAUSE**

Ensure the clause reflects any special circumstances (e.g., blind donor, signing with mark).

**NOTE DATE SIGNED, SCAN COPY TO FILE, OR SAVE A PHOTO COPY OF THE COMPLETED DOCUMENT.**

IF ORIGINAL IS STAYING IN NOTARY OFFICE UNTIL THE ATTORNEY SIGNS,

- ATTORNEY CAN TAKE ORIGINAL HOME
- CALL CLIENT TO PICK UP ORIGINAL
- ATTORNEY TO TAKE ORIGINAL TO DONOR

**WHERE WILL THE ORIGINAL BE KEPT?**

**Donor attended alone;  
Donor attended with spouse**

**Donor met with me alone  
then brought in \_\_\_\_\_  
Donor has good business  
acumen;**

**Donor warns there may be conflict  
with choice of attorney –  
family may argue.  
Details:**

**OFFICE USE - Instructions for assistant -**

**Include the following powers:**

To Spouse only

Multiple Attornies, to be:

Alternate or Joint Attorney

Alternate with dec YES/NO

Dr.'s note required for alt to act: Yes/No

Attorneys will do specific duties. Attorney one is responsible for: all financial matters for personal banking; bill payment; and day to day spending and money management for dependents, and including dealing with arrangements as to accommodations; Attorney two is responsible for handling investments and long term investments;

Attorney to have power to appoint a substitute if s/he chooses

Attorney can delegate work

Attorney is to be paid \_\_\_\_\_/hr or \_\_\_\_\_

Include clause for Attorney to use funds for dependent child/foster child/spouse

Include clause for Attorney to be able to continue charitable giving

Include clause for giving personalty (per memorandum)

Include the clause for restrictions. Details of restrictions:/specific transaction or specified time frame) are:

Limited time period of : \_\_\_\_\_ Sale of real property; being \_\_\_\_\_

Attorney to be able to transfer title to real property to himself/herself/themselves

Donor has Joint Business ventures. Special power required.

Amend signing clause to reflect blind donor or donor signing with mark. (Notary & one staff as witness)

Dr.'s note needed to verify capacity

Statutory Declaration sample for alternate attorney to act to be included

Revocation Statutory Declaration required