

**THIS ENDURING POWER OF ATTORNEY** is given by me, Robert Wallace, in accordance with and pursuant to the Powers of Attorney Act, R.S.A. 2000, c. P-20.

### **1. REVOCATION**

I hereby revoke any prior Enduring Power of Attorney.

### **2. APPOINTMENT**

I appoint my wife, Mary Wallace, as my Attorney under this my Enduring Power of Attorney.

### **3. POWERS**

I authorize my Attorney to do, on my behalf, any and all acts that I may lawfully do by an Attorney, except make, modify, or revoke a Will.

My Attorney shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in a court proceeding regarding property.

My Attorney shall have the authority to receive all information and records regarding my property.

### **4. EFFECTIVE**

This Enduring Power of Attorney shall not have any effect unless and until I am incapable of managing property.

The written declarations of two (2) licensed and qualified medical practitioners that I am incapable of managing property shall serve as conclusive proof that I am incapable of managing property.

My Attorney shall exercise the authority given in this Enduring Power of Attorney during and despite my incapacity to manage property.

### **5. PRIORITY**

Where I also have a Personal Directive in effect, and the exercise of the authority under the said Personal Directive and the exercise of the authority under this Enduring Power of Attorney bring about a conflicting result, the authority under the said Personal Directive shall have priority and shall be followed to the extent of the conflict.

### **6. DECLARATIONS**

I am at least eighteen (18) years old.

I have the capacity to make an Enduring Power of Attorney.

I have read and understand the nature and effect of this Enduring Power of Attorney.

I am making this Enduring Power of Attorney freely and voluntarily.

Each person I have appointed as Attorney is at least eighteen (18) years old.

Each person I have appointed as Attorney is eligible to be an Attorney under an Enduring Power of Attorney.

No person I have appointed as Attorney is an undischarged bankrupt or has been convicted of a crime involving dishonesty for which they have not received a pardon.

No person I have appointed as Attorney is a person whom I pay for health care or for residential, social, training or support services, unless they are relative of mine.

IN WITNESS WHEREOF I have signed this, my Enduring Power of Attorney, consisting of this and preceding pages of paper,

at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_.  
city or town province or territory month date year

SIGNED, PUBLISHED AND DECLARED

by Robert Wallace,

as their Enduring Power of Attorney,

in the presence of both of us,

both present at the same time, who,

at their request, in their presence

and in the presence of each other, have

hereunto subscribed our names as witnesses.

\_\_\_\_\_  
ROBERT WALLACE

\_\_\_\_\_  
Witness (signature)

Name: \_\_\_\_\_

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

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

\_\_\_\_\_