ENDURING POWER OF ATTORNEY

This Enduring Power of Attorney is given by me, _____, presently of _____, in the province of British Columbia, on the ____ day of_____, 20___.

Attorney
I appoint _____ of _____, British Columbia, _____.

Effective Date
This Power of Attorney will start immediately and will continue notwithstanding my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

Powers of Attorney
Powers of Attorney is granted for **(be specific)** _____
_____
_____

Signatures:

Adult (Grantor)

- The Adult must sign and date in the presence of both Witnesses.

_____ ____/__/___
Signature of Grantor YYYYMMDD

_____
Print Name

Witnesses to Adult's Signature

Witness No. 1

- Witness No. 1 must sign in the presence of the Grantor and Witness No. 2

_____ ____/__/___
Signature of Witness No. 1 YYYYMMDD

_____
Print Name

_____
Address

Witness No. 2

- Witness No. 2 must sign in the presence of the Grantor and Witness No. 1

_____ ____/__/___
Signature of Witness No. 2 YYYYMMDD

_____
Print Name

_____
Address