

# A POWER OF ATTORNEY - CHECKLIST -

Consider, while you are able, signing a Power of Attorney or a Representation Agreement to appoint another person to make decisions respecting your financial affairs and/or any medical decisions required to be made for you should you be physically or mentally unable to make those decisions yourself.

Details to the authority to be granted must be discussed with me prior to preparing these documents (e.g. joint attorneys / representatives, medical decisions, land decisions, access to your safety-deposit box, etc.)

**YOUR FULL LEGAL NAME:** \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (H): \_\_\_\_\_

(W): \_\_\_\_\_

Email: \_\_\_\_\_

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

**PERSON(S) TO BE APPOINTED:**

Name	Address	Occupation	Relationship to you
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\_\_\_\_\_

NAME AN ALTERNATE should the first appointee be unable to act:

Name	Address	Occupation	Relationship to you
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