POA-2
FORM P-1

Powers of Attorney Act

AFFIDAVIT OF ATTESTATION
OF AN ENDURING POWER OF ATTORNEY

I, ________________________________,
of the ________________________________ in the Province of ________________________________
make oath and say:

1. I was personally present and did see ________________________________, who is known to me
to be the donor named in the within (or annexed) Power of Attorney, duly sign the same.

   - OR -

   I was personally present and did see ________________________________, who, on the basis of
the identification provided to me, I believe to be the donor named in the within (or
annexed) Power of Attorney, duly sign the same.

2. I signed the Power of Attorney (as witness) in the presence of the donor.

3. The Power of Attorney was signed at ________________________________, in the province
of ________________________________ and I am the subscribing witness thereto.

4. I believe the donor is at least eighteen (18) years of age.

5. I am not an ineligible person within the meaning of section 2(4) of the Powers of Attorney
Act. *

SWORN before me at ________________________________
in the Province of ________________________________
this ___ day of ________________________________, ________________________________

Commissioner for Oaths in and for the Province of Alberta

My Commission Expires: ________________________________

* Section 2(4) Powers of Attorney Act

The following persons may not witness the signing of an enduring power of attorney:
(a) a person designated in the enduring power of attorney as the attorney;
(b) the spouse of a person designated in the enduring power of attorney as the attorney;
(c) the spouse of the donor;
(d) a person who signs the enduring power of attorney on behalf of the donor;
(e) the spouse of a person who signs the enduring power of attorney on behalf of the donor.