Powers of Attorney Act

AFFIDAVIT OF ATTESTATION OF AN ENDURING POWER OF ATTORNEY

l,	
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. *
SWOF	RN before me at
	Province of
this	_ day of , ,
Commi	issioner for Oaths in and for the Province of Alberta
Му Сог	mmission Expires:
* Section	on 2(4) Powers of Attorney Act
The follo (a) (b)	owing persons may not witness the signing of an enduring power of attorney: a person designated in the enduring power of attorney as the attorney; the spouse of a person designated in the enduring power of attorney as the attorney;

- (c) (d)
- the spouse of the donor; a person who signs the enduring power of attorney on behalf of the donor; the spouse of a person who signs the enduring power of attorney on behalf of the donor. (e)