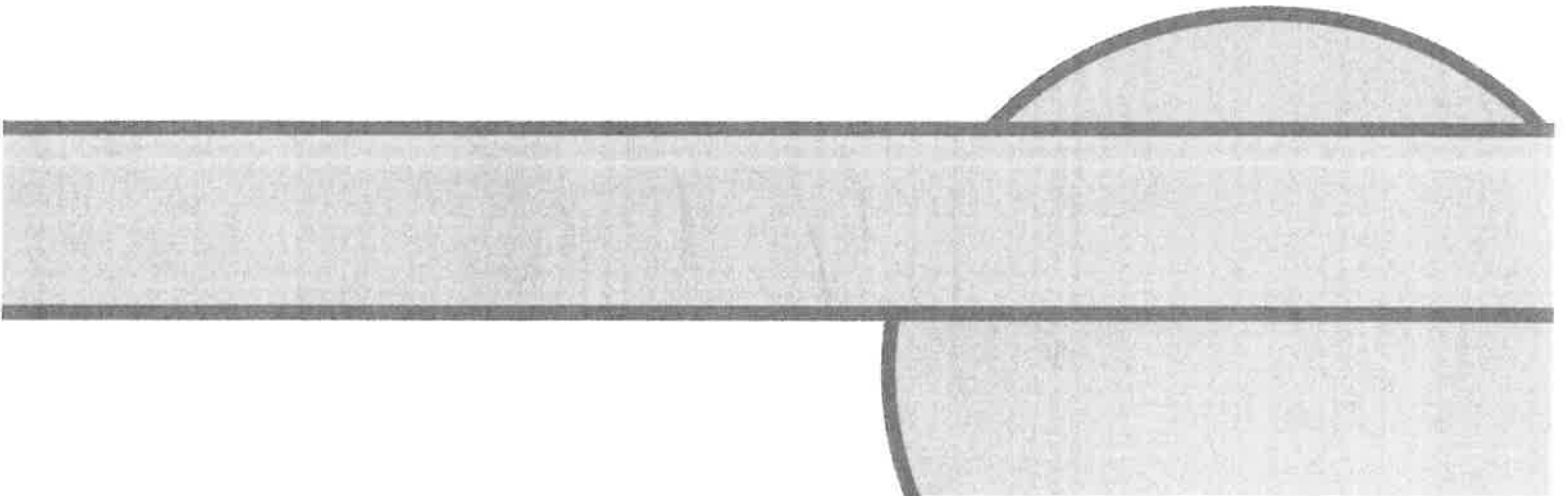
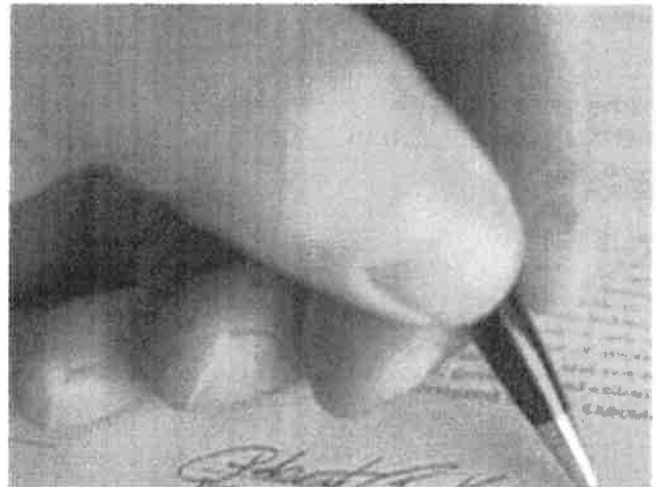


The Canadian Financial  
Security Program

*Revolutionizing Financial Thinking*

**Legal Canadian  
Will Kit  
DOCUMENTS**



# LAST WILL AND TESTAMENT

This is the **Last Will and Testament** of me, \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ in the Province  
of \_\_\_\_\_ made the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**I REVOKE** all former Wills, Codicils, or other Testamentary Dispositions by me at any time and declare this to be and contain my Last Will and Testament.

**I APPOINT** \_\_\_\_\_  
of \_\_\_\_\_ in the Province  
of \_\_\_\_\_ to be Executor of this my Last Will  
and Testament.

**BUT IF** my said Executor should refuse to act, predecease me, or die within a period of  
\_\_\_\_\_ days following my death, **THEN I APPOINT** \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
in the Province of \_\_\_\_\_ to be Executor of this my  
Last Will and Testament.

**I DIRECT** all my just debts, funeral and testamentary expenses to be paid and satisfied  
by my Executor as soon as conveniently may be after my death.

**I APPOINT** \_\_\_\_\_  
of \_\_\_\_\_ in the Province of \_\_\_\_\_  
\_\_\_\_\_ as Guardian(s) of my minor children, **BUT IF**  
\_\_\_\_\_ should refuse to act,  
predecease me, or die within \_\_\_\_\_ days following my death, **THEN I APPOINT**  
\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ in the Province of \_\_\_\_\_  
as Guardian(s) of my minor children.

I REQUEST that my Guardian(s):

IN WITNESS whereof I have set my hand the day and year written above.

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*(Signature)*

This page was signed and the preceding pages were initialled by the Testator and published and declared as and for his/her last Will and Testament in the presence of us both present together at the same time who at his/her request and in his/her presence and in the presence of each other have hereunto subscribed our names as witnesses.

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

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

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*(Signature)*

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

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

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*(Signature)*

I give my Executor the following **POWERS**:

**I DISTRIBUTE** my assets as such:

# LIVING WILL

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This document is made with the wish that it be honoured in all provinces in Canada and is meant to fulfill the legal requisite of an **Advance Health Care Directive, Health Care Directive, Personal Directive, Authorization to Give Medical Consent, Continuing Power of Attorney for Personal Care, and Representation Agreement for Health Care.**

*To my family, my physician, my cleric, my lawyer, or any medical facility or person who may become responsible for my health, welfare or affairs, let it be known that:*

This is the **Living Will and Medical Directive** of:

\_\_\_\_\_ currently residing in the Province of \_\_\_\_\_.

**A. I REVOKE** all former Living Wills, Personal Directives, or Advance Medical Directives given by me at any time.

**B.** I hereby indemnify and hold harmless my Agent and anyone who acts in good faith at the request of my Agent to fulfill my wishes expressed in this document.

**C. I APPOINT** \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_ to be my **Agent** and to make personal and health care decisions on my behalf if, and when, I no longer have the mental or physical capacity to make such decisions myself.

**D.** If my appointed Agent is unwilling or unable to act on my behalf, then I appoint the first person on the following list who is able and willing to serve as my Agent.

\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

E. This directive will be **IN EFFECT** when, and only when, I am unable to make or communicate my own decisions by speaking, writing or gesturing.

F. If my spouse has been designated as an Agent or Alternative Agent in this document and if after the making of this document my spouse and I become legally separated or divorced, any legal rights or powers granted to my spouse by this document shall be revoked.

G. Any reference to Agent in this document shall also apply to an Alternative Agent.

H. I grant to my Agent the absolute power and authority to make all decisions affecting my health and welfare, and request that my Agent and all to whom he/she shall give directions in these matters follow my wishes and instructions as given herein to the best of my Agent's interpretation of my wishes. In particular, but not restricted to, I grant to my Agent the power and authority to: sign documents including releases, permissions, or waivers; to review and disclose medical records; to hire and discharge caregivers; to authorize admission to or release from medical facilities; and to consent to, refuse or withdraw consent to any form of health care.

I. It is **MY WISH** that should a situation arise that there is no reasonable expectation of my recovery and I am being kept alive by artificial or mechanical means, that \_\_\_\_\_

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J. If it becomes necessary to appoint a Guardian of my person then I nominate my Agent who is appointed in this document to be my Guardian.

I declare when signing here that I am of sound mind, and that I understand the content of this document and the power it gives to my Agent, and I declare that this document represents my wishes.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the Province of

\_\_\_\_\_.

\_\_\_\_\_

*(Signature)*

Signed in the presence of:

Witness: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: (print) \_\_\_\_\_

Signature: \_\_\_\_\_



# ENDURING POWER OF ATTORNEY

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The authority given by this power of attorney shall continue in effect notwithstanding any subsequent mental incapacity of the donor.

I, \_\_\_\_\_  
of \_\_\_\_\_ in the Province  
of \_\_\_\_\_ state:

**I REVOKE** all former Enduring Powers of Attorney previously given by me.

**I APPOINT** \_\_\_\_\_  
of \_\_\_\_\_ in the Province  
of \_\_\_\_\_ to be my attorney.

**BUT IF** my said attorney should refuse to act, predecease me, or die within a period of  
\_\_\_\_\_ days following my death, **THEN I APPOINT** \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
in the Province of \_\_\_\_\_ to be my attorney.

This Power of Attorney will be **EFFECTIVE** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The decision to activate this Power of Attorney shall be subject to the evaluation and  
written declaration of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My attorney has the POWER TO carry out the following:

My attorney is RESTRICTED FROM the following:

My attorney shall RECEIVE PAYMENT on the following terms:

If this Enduring Power of Attorney is the cause of any disagreement:

Dated at \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

Witnessed by (print): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Witnessed by (print): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_