FORM G
[*Clause 3(g)*]

Declaration of Occurrence of Contingency

This form is to be completed by a declarant under a contingent Enduring Power of Attorney for the purposes of section 9.1 or 9.2 of the Act.

Please modify as necessary if there is more than one declarant.

I, _____,
(name)

of _____
(street address) *(city)* *(province)* *(postal code)*

(Check one)

☐ am named in the Enduring Power of Attorney of _____
(name of grantor)

dated _____ to declare the occurrence of a contingency for the purpose of bringing the Enduring Power of Attorney into effect.

or

☐ am a member of the following professional group and have assessed the capacity of the grantor to make personal or property decisions, as the case may be:

(If the contingency is the grantor's lack of capacity and there is no adult named or able to make the declaration under the Enduring Power of Attorney.)

_____,

and I declare that the following contingency specified in the Enduring Power of Attorney has occurred:

_____

_____.

_____ _____
(Signature of declarant) *(date)*