

ENDURING POWER OF ATTORNEY

THIS ENDURING POWER OF ATTORNEY is given by me, oliver shwaba, presently of 95 sunset dr, on the Friday 13th of May 2022

Nature of Power

1. THIS IS AN ENDURING POWER OF ATTORNEY and the authority of my Attorney shall not terminate if I become disabled or incapacitated or in the event of later uncertainty as to whether I am dead or alive.

Effective Date

2. This Power of Attorney will not come into effect unless and until:
 - a. I am infirm, physically incapable of handling my financial affairs or mentally incapable of making reasonable judgments in respect of matters relating to all or any part of my estate; or
 - b. I declare in writing that it is my wish that this Power of Attorney come into effect.

Determination of Incapacity

3. This Power of Attorney will not come into effect unless and until:
 - a. I am infirm, physically incapable of handling my financial affairs or mentally incapable of making reasonable judgments in respect of matters relating to all or any part of my estate; or
 - b. I declare in writing that it is my wish that this Power of Attorney come into effect.
4. THE WRITTEN DECLARATION of one (1) medical doctor licensed to practice in the Province of Nova Scotia that I am no longer capable of making reasonable judgments in respect of matters relating to all or any part of my estate will be conclusive proof of my infirmity or mental incapacity and that the Power of Attorney associated with this event shall become effective. If I am located outside of Nova Scotia, then the written declaration of one (1) medical doctors licensed to practice in that jurisdiction will be conclusive proof of my infirmity or mental incapacity. In either case my Attorney will have the authority to choose the physicians.

Previous Power of Attorney

4. **I REVOKE** any previous power of attorney granted by me.

Attorney

5. **I APPOINT** John Smith, of , 95 sunset dr to act as my Attorney.

Alternate Attorney

6. On the death, refusal or inability of John Smith to act or continue to act, **I APPOINT** john smith, of 95 sunset dr to act as my alternate Attorney.

'My Attorney'

7. I will refer to my Attorney and my alternate Attorney as 'my Attorney'.

Governing Legislation

8. My Attorney will act in accordance with the *Powers of Attorney Act* of the Province of Nova Scotia, as may be amended from time to time.

Powers of Attorney

9. My Attorney will have only the following power(s):

Real Estate Matters

- b. To sign all documents on my behalf concerning lands which are capable of registration under land titles legislation, real property legislation, and registry legislation or such other similar legislation of all the provinces and territories of Canada and any foreign jurisdiction. This power includes the ability to purchase, sell, rent, mortgage, charge, exchange, lease, surrender, manage or otherwise deal with real estate and any interest therein, and execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose;

Real Estate Sale

- d. To negotiate and complete all matters for the preparation and execution of relevant and related documents concerning the sale of premises owned by me and located at _____, and municipally known as _____;

Manage Specific Financial Account

- f. To control my accounts with _____ (Bank),
located at _____,
Account Number(s)_____.

This power includes the authority to conduct any business with respect to any of my listed accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any cheques or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity, and to perform any act necessary to deposit, negotiate, sell or transfer any note, security or draft.

Attorney Compensation

10. My Attorney will receive compensation as per the guidelines governing the compensation for agents or trustees or other such legislated rate in the Nova Scotia in addition to the reimbursement of all out of pocket expenses associated with the carrying out my wishes. If no guidelines or usual practices exist for the compensation of an attorney then my Attorney may pay himself or herself a reasonable amount based on the size of my estate.

Co-owning of Assets and Mixing of Funds

11. My Attorney may not mix any funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.

Personal Gain from Managing My Affairs

12. My Attorney is not allowed to personally gain from any transaction he or she may complete on my behalf.

Attorney Restrictions

13. This Power of Attorney is subject to each of the following conditions or restrictions:

Severability

14. If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

Acknowledgment

15. I, oliver shwaba, being the Donor named in this Power of attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Power of attorney;
- b. I am of legal age in the Province of Nova Scotia to grant a Power of attorney; and
- c. I am voluntarily giving this Power of attorney.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of regina in the Province of Saskatchewan, this Friday 13th of May 2022.

SIGNED, SEALED, AND DELIVERED

in the presence of:

Witness: _____ (Sign)

Witness Name: _____

Address: _____

oliver shwaba (Donor)

NOTARY ACKNOWLEDGMENT

The Province of Saskatchewan

City/Town _____

On this the _____ day of _____, _____, before me, _____, the undersigned officer, personally appeared oliver shwaba, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same as and for his/her respective act and deed for the purposes expressed therein.

In witness whereof I hereunto set my hand and seal.

A Notary Public in and for the Province of Saskatchewan

My commission expires: _____

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