



Insurance Savings Advice

Since 1987

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.

(Signature)

This page was signed and the preceding pages were initialed 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: _____

(Signature)

Name: _____

Address: _____

(Signature)



I give my Executor following **POWERS**:

I DISTRIBUTE my assets as such:

LIVING WILL

This document is made with the wish that it be honored 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 by 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

- 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

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 Power 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 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: _____

Note : Orca Wealth and Insurance Services assume no responsibility for the execution and validity of this document. It is only as solid as the information contained within.