

# PERSONAL DIRECTIVE

This **Personal Directive** is given by me,  
**«Client1»**, of **«City»**, **«Province»**,  
on February 9, 2021.

I, «Client1», hereby declare that if the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

This statement is made after careful consideration, and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out in the same way that they would be followed if I were competent and could speak for myself. I hope that my Agent(s), my family, and my doctor will regard themselves as morally bound by these provisions and I hereby absolve all who follow these instructions of any legal liability.

## 1. Revocation

1.1. I revoke all former Personal Directives that I have given.

## 2. Appointment of Agents

2.1. I appoint **«Agent1»**, to be my Agent.

(a) If «Agent1» is unwilling or unable (for any reason, including disability or death) to act, or continue to act, as my Agent, I then appoint **«AltAgent1» and «AltAgent2»**, **acting jointly, or the survivor of them**, to be my Agent.

(b) If «Agent1» and «AltAgent1» and «AltAgent2» are unwilling or unable (for any reason, including disability or death) to act, or continue to act, as my Agent(s), I then appoint **«2ndAltAgent1» and «2ndAltAgent2»**, **acting jointly, or the survivor of them**, to be my Agent(s).

2.2. Any appointment of my spouse (or adult interdependent partner) under this Personal Directive is cancelled if we have been living separate and apart for a period of 30 days or more, and either person has demonstrated a settled intention to end our spousal relationship (or adult interdependent partnership).

## 3. Effective Date of Personal Directive

3.1. The powers given to my Agent come into effect immediately, as of the date of this document. **OR** The powers given to my Agent come into effect upon one of the following events occurring:

(a) upon written direction from me, while I have capacity, that this Personal Directive is in effect; or

(b) upon a written declaration, signed by the following persons, that I am mentally incapable of managing my financial affairs:

- i) Two (2) licensed medical doctors or physicians; or
- ii) My Agent and one (1) licensed medical doctor or physician. ; or
- iii) My Agent, after consulting with a physician doctor or physician.

- 3.2. This Personal Directive will continue despite any period of mental incapacity or infirmity.
- 3.3. Once I have become mentally incapacitated, this Personal Directive is irrevocable during any period of my mental incapacity.

#### **4. Agent's Authority**

4.1. My Agent has the authority to make **personal decisions** on my behalf. These decisions include any matter of a non-financial nature that relates to my person, and specifically includes:

- (a) my health care;
- (b) my accommodation;
- (c) with whom I may live and associate;
- (d) my participation in social, educational and employment activities;
- (e) legal matters that do not relate to my estate.

4.2. My Agent has the authority to make **emergency care and serious illness care** decisions, when my doctor is uncertain of my outcome or there is still a probability of recovery, on my behalf, based on the following guidelines:

- (a) My values, wishes, and beliefs expressed throughout my lifetime;
- (b) Plan Well Guide (Dear Doctor Letter) attached hereto;
- (c) Any similar writings that I have made.

4.3. When it is clear to my doctor that I am near or at the end-of-life, my Agent has the authority to make **end-of-life care** decisions on my behalf, based on the following guidelines:

- (a) My values, wishes, and beliefs expressed throughout my lifetime;
- (b) My Statement of Preferences for End of Life Care.

#### **5. Statement of Preferences for End of Life Care**

5.1. I acknowledge that I am not making any healthcare decisions today on my own behalf, but rather, I am providing the following statements to assist my Agent in making a decision when that time comes.

5.2. To me, a 'Meaningful Recovery' should consider whether, someday, I may:

- i) be aware of my surroundings;
- ii) regain some amount of higher mental function;
- iii) be able to interact in a meaningful way with those around me;
- iv) have the ability to look after my own basic needs.

5.3. My Agent, in consultation with my health care professionals, should assess whether there is a reasonable chance that I will have a Meaningful Recovery.

5.4. If I **do not have** a reasonable chance of a Meaningful Recovery, I would prefer:

(a) to die a natural death, and to avoid my prolonging my life by artificial means, machines, or Cardio-Pulmonary Resuscitation (CPR).

(b) not to receive any further medical treatments, including but not limited to:

i) Hospitalization;

ii) Surgery;

iii) Invasive diagnostic testing.

(c) to receive palliative medications to ease my suffering, even though it may dull my consciousness and indirectly shorten my life.

5.5. I would prefer to live out my last days at home, rather than in a hospital, if it does not jeopardize my chance of a Meaningful Recovery, and does not place an undue burden on my family.

## **6. Organ Donation**

6.1. I do not consent to the donation of my organs or tissue. **OR** I direct that any of my healthy organs or tissue may be donated for the following uses:

(a) for transplant purposes;

(b) for medical education;

(c) for scientific purposes.

## **7. Access to Records**

7.1. My Agent shall have full access to all financial and confidential information to the same extent that I would have if I did not lack capacity.

## **8. Duty to Keep Records**

8.1. My Agent must:

(a) keep a record of personal, medical, and health care decisions made by my Agent under this Personal Directive; and

(b) keep this record during the period that I lack capacity, and shall retain this record for at least two (2) years after my Agent's authority ceases hereunder.

## **9. Power to Delegate**

9.1. My last acting Agent has authority to delegate any of the powers given by this personal directive to any other person who is willing and able to act in my best interest and carry out

the responsibilities and duties as outlined in this my personal directive.

**10. Compensation for The Agent**

10.1. My Agent is entitled to be paid compensation for his/her time and trouble in acting as my Agent, if he/she wishes. The amount of compensation will be determined by referring to the generally accepted guidelines for compensation for trustees. My Agent is entitled to be reimbursed for his/her out-of-pocket expenses incurred in handling my personal affairs and decisions.

I make this **Personal Directive** on February 09, 2021, at <<City>>, Alberta.

Signed by «Client1» )

in the presence of: )

X

«Client1»

X )

Witness: «LwyrName»

Barrister and Solicitor

DRAFT

**Affidavit of Execution**

I, «LwyrName», of <<City/Province>>, make oath and say that:

1. I was personally present and did see «Client1», who is known to me to be the person named in the attached Personal Directive, duly sign the instrument.
2. The instrument was signed at <<City>>, Alberta and I am the subscribing witness thereto.
3. I believe the person whose signature I witnessed is at least eighteen (18) years of age.

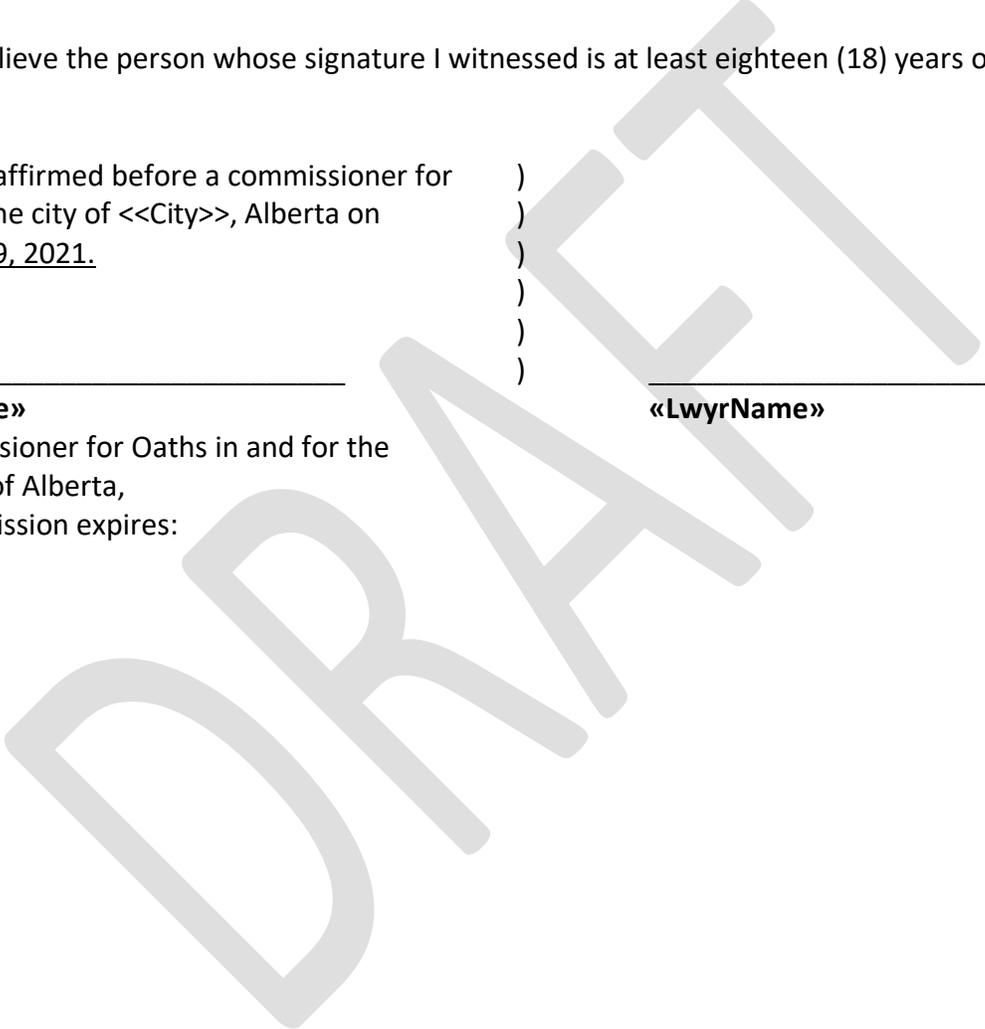
Sworn or affirmed before a commissioner for oaths at the city of <<City>>, Alberta on February 9, 2021.

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\_\_\_\_\_  
«SecName»

A Commissioner for Oaths in and for the Province of Alberta,  
my commission expires:

\_\_\_\_\_  
«LwyrName»



**Declaration of Medical Doctor**

I, \_\_\_\_\_, Medical Doctor, hereby certify that I have examined «Client1» the Donor named in the attached Health Care Directive, and I do hereby declare that «Client1» is:

- a. mentally incapable of making reasonable judgments and decisions in respect of matters relating to personal care;  
- and/or -
- b. physically unable and incapable of communicating decisions and judgments concerning personal care.

and that the contingency (or contingencies) specified in the attached Personal Directive has/have occurred in order to bring the Personal Directive into effect.

Dated at \_\_\_\_\_, \_\_\_\_\_.  
*(City/Prov)* *(Date)*

\_\_\_\_\_  
Name of Doctor

**X**

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Address of Clinic

**Declaration of Medical Doctor**

I, \_\_\_\_\_, Medical Doctor, hereby certify that I have examined «Client1» the Donor named in the attached Health Care Directive, and I do hereby declare that «Client1» is:

- c. mentally incapable of making reasonable judgments and decisions in respect of matters relating to personal care;  
- and/or -
- d. physically unable and incapable of communicating decisions and judgments concerning personal care.

and that the contingency (or contingencies) specified in the attached Personal Directive has/have occurred in order to bring the Personal Directive into effect.

Dated at \_\_\_\_\_, \_\_\_\_\_.  
*(City/Prov)* *(Date)*

\_\_\_\_\_  
Name of Doctor

**X**

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Address of Clinic

**Declaration of Agent**

I, \_\_\_\_\_, Agent for «Client1», hereby certify that I have examined «Client1» the Donor named in the attached Health Care Directive, and I do hereby declare that «Client1» is:

- e. mentally incapable of making reasonable judgments and decisions in respect of matters relating to personal care;  
- and/or -
- f. physically unable and incapable of communicating decisions and judgments concerning personal care.

and that the contingency (or contingencies) specified in the attached Personal Directive has/have occurred in order to bring the Personal Directive into effect.

Dated at \_\_\_\_\_, \_\_\_\_\_.  
*(City/Prov)* *(Date)*

\_\_\_\_\_  
Name of Agent

**X**

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Address of Agent

DRAFT

Date: February 09, 2021.

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«Client1»

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**PERSONAL DIRECTIVE**

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