**CONTINUING POWER OF ATTORNEY FOR PROPERTY**

**Donor:** [Donor's Full Name], [Donor's Complete Address]

**Attorney:** [Attorney's Full Name], [Attorney's Complete Address]

**Date:** [Effective Date of the Document]

**I, [Donor's Full Name], of [Donor's Address], hereby appoint [Attorney's Full Name] of [Attorney's Address] as my Attorney-in-Fact ("Attorney") to act in my capacity to do any and all acts that I could do if personally present.**

**1. ASSIGNMENT OF AUTHORITY** My Attorney shall have the power to act on my behalf and perform the following acts:

* Manage real estate transactions, including buying, selling, renting, and handling all related negotiations.
* Access bank accounts, withdraw funds, invest money, and manage financial transactions.
* File and manage my taxes.
* Hire, remove or compensate service providers such as attorneys, accountants, etc. as needed.
* Purchase, maintain and make claims for life, health, auto and home insurance on my behalf. My attorney-in-fact shall not have the power to cash in or change the beneficiary of any life insurance policy.
* Handle transactions with social security, Medicare, and other government benefits.
* Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. DURABILITY** This Power of Attorney shall continue to be effective in the event that I become disabled, incapacitated, or incompetent.

**3. THIRD PARTY RECOGNITION** Any third party who receives a copy of this document may act under it. Revocation of this Power of Attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

**4. REVOCATION** I retain the right to revoke this Power of Attorney at any time and may do so by providing a written notice to my Attorney.

**5. AMENDMENT** I retain the right to amend this Power of Attorney at any time and may do so by providing a written notice to my Attorney

**6.** **LIABILITY OF ATTORNEY-IN-FACT** My attorney-in-fact shall not be liable to me under this agreement, except for a breach of fiduciary duty.

**7. REIMBURSEMENT OF ATTORNEY-IN-FACT** My attorney-in-fact shall be entitled to reimbursement of reasonable expenses incurred hereunder.

**5. SIGNATURES** This Power of Attorney will be in effect on the day of signing unless stated otherwise.

**IN WITNESS WHEREOF, I have set my hand on this the [Day] day of [Month], [Year].**

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**Donor's Signature**

**Notarization** City of [City] Province of [Province]

On [Date], before me, [Notary's Name], personally appeared [Donor's Name], 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 for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

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**Notary Public in and for Ontario**

[Notary's Seal]

**Attorney's Signature:** I, [Attorney's Full Name], hereby accept the appointment as Attorney-in-Fact for [Donor's Full Name]. I understand that this Power of Attorney is effective immediately and will continue to be effective even if the Donor becomes disabled, incapacitated, or incompetent.

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**Attorney's Signature**

**Notarization** City of [City] Province of [Province]

On [Date], before me, [Notary's Name], personally appeared [Donor's Name], 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 for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

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**Notary Public in and for Ontario**

[Notary's Seal]