



MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE
(Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays : **Canada**

This public document / Le présent acte public

2. has been signed by / a été signé par

3. acting in the capacity of / agissant en
qualité de **Notary Public**

4. bears the seal / stamp of / est revêtu du
sceau / timbre de **Notary Public**

Certified
Attesté

5. at / à **Toronto, Ontario**

6. the / le **2025-04-07**

7. by / par **Manager Official Documents Services**

8. N° / sous n° **ON-25-**

9. Seal / stamp / Sceau / timbre : **10. Signature / Signature :**



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AFFIDAVIT

I, _____, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from English into Chinese with regard to the following document:

Power of Attorney for Personal Care

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan)
Toronto)

This 6th day of Apr. , 2025)

A Notary Public in and for the)
Province of Ontario)

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个人护理授权委托书

(第 1 页, 共 3 页)

个人护理授权委托书

本个人护理授权委托书由安大略省密西沙加市

签署。

委任

1. 本人委任安大略省密西沙加市的女 出生日期: 三)

(如适用, 可添加: 共同或共同且个别) 作为本人根据《代理决定法》指定的个人护理代理人。本人授权代理人依据《代理决定法》及本授权委托书中列明的任何条件、限制或具体指示, 就本人个人护理事宜作出决定。

替代条款

2. 如果上述委任代理人因死亡、丧失行为能力或辞职而无法履职,

本人替代并委任:

无

作为本授权委托书第 1 条所指定代理人的替代代理人。替代代理人如果有意愿且具备能力, 则根据《代理决定法》作为本人个人护理代理人, 并获授权依据该法案及本授权委托书中列明的任何条件、限制或具体指示做出相关决策。

POWER OF ATTORNEY FOR PERSONAL CARE

THIS POWER OF ATTORNEY FOR PERSONAL CARE is given by
(d.o.b. July 15, 1930) of the City of Mississauga, in the Province of Ontario.

APPOINTMENT

1. I APPOINT my daughter of the City of
Mississauga, in the Province of Ontario

(where applicable add: jointly or jointly and severally) to be my attorney(s) for personal care, pursuant to the Substitute Decisions Act, and I authorize my attorney(s) to make decisions concerning my personal care in accordance with the Substitute Decisions Act and any conditions and restrictions or specific instructions contained herein.

SUBSTITUTION

2. If the above appointed attorney(s) is or are unable to act by reason of death, becoming incapacitated or resignation,

I SUBSTITUTE AND APPOINT

NIL

I certify that this is a true copy
of the original document
Date: 6 th day of APR 2025

to be my attorney(s) for personal care, in the place of the attorney(s) appointed in paragraph 1 hereof. The substituted attorney(s) shall, if able and willing, thereafter be my attorney(s) for personal care, pursuant to the Substitute Decisions Act, and I authorize him, her or them thereafter to make decisions concerning my personal care in accordance with the Substitute Decisions Act and any conditions and restrictions or specific instructions contained herein.