



Power of Attorney for Personal Care

(Made in accordance with the Substitute Decisions Act, 1992)

I, _____, do hereby _____
(Print or type your full name here)
revoke any previous power of attorney for personal
care made by me and **APPOINT** _____
(Print or type the name of the person or persons you appoint here)

_____ to be my attorney(s) for personal care in accordance with the *Substitute Decisions Act, 1992*.
[Note: A person who provides health care, residential, social, training, or support services to the person giving this power of attorney for compensation may not act as his or her attorney unless that person is also his or her spouse, partner, or relative.]

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words "jointly and severally" here:

(This may be left blank)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the Court, I **SUBSTITUTE**:
_____ *(This may be left blank)*

to act as my attorney for personal care in the same manner and subject to the same authority as the person he or she is replacing.

4. I give my attorney(s) the **AUTHORITY** to make any personal care decision for me that I am mentally incapable of making for myself, including the giving or refusing of consent to any matter to which the *Health Care Consent Act, 1996*, applies, subject to the *Substitute Decisions Act, 1992*, and any instructions, conditions or restrictions contained in this form.



5. INSTRUCTIONS, CONDITIONS and RESTRICTIONS

Attach, sign, and date additional pages if required. *(This part may be left blank.)*

6. SIGNATURE: _____ DATE: Oct. 05, 2022

(Sign your name here, in the presence of two witnesses.)

ADDRESS: _____
(Insert your current address here.)

7. WITNESS SIGNATURES

[Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.]

Witness #1: Signature: _____ Print Name: Wuwen Guo

Address: _____ Dr. North York On, Canada Post code: _____

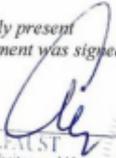
Date: Oct. 05, 2022

Witness #2: Signature: _____ Print Name: Zhen Hong

Address: _____ North York On, Canada Post code: _____

Date: Oct. 05, 2022

*I was personally present
when the document was signed*


JOSEPH J. FAUST
Barrister & Solicitor, and Notary Public
in and for the Province of Ontario
Tel: _____
Add: 092 College St, Toronto, On, M6H1A4

