



SALVADOR DAVIS & CO
NOTARIES PUBLIC

101-9830 Second Street Sidney, BC V8L 3C6 Phone: (250) 656-3951 Fax (250)655-0878 www.salvador-davis.com

REPRESENTATION AGREEMENT CHECKLIST

What do you want your representative to make decisions about?

Health care decisions that may be required like:

- Routine medical and dental care
- Medical tests
- Major surgery
- Treatment for serious illness or injury
- Palliative care or end of life care and treatment

Personal care decisions like:

- Living arrangements
- Family and friend visitations
- Admission to care facility

Management of your financial affairs including:

- Payment of everyday living expenses
- Receiving and depositing income
- Selling of personal effects
- Arrangements for investments
- Buying, selling and mortgaging land (Use a Power of Attorney)
- Conducting business affairs (Use a Power of Attorney)

Managing legal affairs such as:

- Retaining or instructing a lawyer
- Signing legal documents or contracts

When do you want the agreement to take effect?

- On the date it is signed, or
- at a later date:

What is the **triggering event** that activates the agreement?

- Mental incapacity, or Other _____

How will people know the event has happened?

- Confirmation from a physician who has examined me within past 30 days
 My representative can make this determination
 My monitor can make this determination

Who will be your representative?

Identify the full name, address, occupation, and date of birth and phone number(s) of your representative

If you are naming more than one representative, the same information is required:

Areas of decision making responsibility for each representative

- Financial _____
 Health and Personal Care _____
 Either representative can make all decisions
 Other

How they will make decisions?

- Must act together, or May act separately

How disagreements will be resolved?

- If they cannot decide together, Monitor has deciding vote
 Must be unanimous or now decision can be made
 Other

Do you want to name an alternate Representative? Yes No

If yes, identify the full name, address, occupation, and date of birth and phone numbers for your alternate representative:

Specify the circumstances in which the alternate will act

Do you want to have a Monitor? Yes No

If yes, identify the full name, address, occupation, date of birth and phone numbers for your Monitor

If you do not want a monitor you must state this fact in the agreement

NB**Limited agreements covering financial affairs in which the representative is not a spouse require a monitor or a consultation certificate.

Do you want to provide any specific instructions to your representative in your agreement that will guide them when they are making decisions on your behalf?

- About health care
- About financial affairs
- About legal affairs
- About personal care
- About pet care
- About contributions you are making on behalf of minor children
- About care and maintenance of dependent adults or children in your care

Do you want your representative to be paid? Yes No

If yes, state the amount and how the fee will be paid and from what source

Where do you go from here?

Take this document to Salvador Davis & Co Notaries Public for a consultation and to have the agreement drafted. Once you have read it over and approved it, the Notary will make arrangements for the proper witnessing of the agreement.