CONTINUING POWER OF ATTORNEY FOR PROPERTY

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

by **CHARLES GARY LARIVEE**
(Grantor)

of the City of St. Thomas, County of Elgin

APPOINTMENT

1. **I APPOINT FRANCES LYNNE LARIVEE**

of the City of St. Thomas, County of Elgin

to be my attorney for property, and I authorize my attorney to do, on my behalf, any and all acts, which I could do if capable, except make a will, subject to any conditions and restrictions contained herein. My attorney shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding.

SUBSTITUTION

2. If the above appointed attorney(s) refuse(s) to act, or is or are unable to act by reason of death, court removal, becoming incapable of managing property or resignation,

I SUBSTITUTE AND APPOINT **ELEANOR LYNNE BROWN and CHARLES GARY LARIVEE**

Jointly to act as my attorneys for my property, in the place of any attorney appointed in paragraph 1 hereof who refuses or is unable to act. The substituted attorney shall, if able and willing to act, thereafter to be my attorney for property, together with any attorney appointed in paragraph 1 hereof who is able and willing to act and I authorize him, her or them thereafter to do, on my behalf, any and all acts which I could do, if capable, except make a will, subject to any conditions and restrictions contained herein.

CONTINUING POWER

3. This is a continuing power of attorney. It is my intention and I so authorize my attorneys that the authority given in this continuing power of attorney may be exercised during any incapacity on my part to manage my property, pursuant to section 7 of the Substitute Decisions Act.

FAMILY LAW ACT CONSENT

4. If my spouse disposes of or encumbers any interest in a matrimonial home in which I have a right to possession Under Part R of the Family Law Act, I authorize the attorney(s) named in this power of attorney for me and in my name to consent to the transaction as provided in clause 2 1 (1)(a) of the said Act.

EFFECTIVE DATE

5. This continuing power of attorney for property comes into effect as of the date of execution set out below.

REVOCATION

6. Any prior power of attorney for property or any power of attorney which affects my property given by me, except a power of attorney given to a bank or financial institution for the purpose of transacting my business with that bank or financial institution, is hereby revoked.

COMPENSATION

7. My attorney(s) may take compensation out of my property for any work done in connection with this power of attorney for property by him, her or them, in accordance with the prescribed fee scale established pursuant to the *Substitute Decisions Act* for the compensation of attorneys under a continuing power of attorney.

Executed at London, Ontario this 17th day of November, 2011.
in the present of both witnesses, each present at the same time.

WITNESS

MARY PETKOVSKI
Print name and address
502-495 RICHMOND ST
London, ON

WITNESS

Signature of Grantor

GORDON R. JOHNSON
Barrister & Solicitor, Notary Public
Print name and address
502 - 495 RICHMOND STREET
LONDON, ONTARIO
N6A 5A9

POWER OF ATTORNEY
FOR PERSONAL CARE

THIS POWER OF ATTORNEY FOR PERSONAL CARE is given

by **CHARLES GARY LARIVEE**
(Grantor)

of the City of St. Thomas, County of Elgin

APPOINTMENT

1. **I APPOINT** **FRANCES LYNNE LARIVEE**

of the City of St. Thomas, County of Elgin

to be my attorney for personal care, pursuant to the *Substitute Decisions Act*, and I authorize my attorney to make decisions concerning my personal care in accordance with the *Substitute Decisions Act* and any conditions and restrictions, specific instructions or special provisions contained herein. My attorney shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding concerning my personal care.

SUBSTITUTION

2. If the above-appointed attorney refuses to act, or is or are unable to act by reason of death, court removal, becoming incapable of managing personal care or resignation,

I SUBSTITUTE AND APPOINT **ELEANOR LYNNE BROWN and CHARLES GARY LARIVEE**

Jointly to act as my attorneys for my personal care, in the place of any attorney appointed in paragraph 1 hereof who refuses or is or are unable to act. The substituted attorney shall, if able and willing to act, thereafter to be my attorney for personal care, together with any attorney appointed in paragraph 1 hereof who is able and willing to act, and pursuant to the Substitute Decisions Act, 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, specific instructions or special provisions contained herein.

SPECIFIC INSTRUCTIONS

3. If at any time I should have an injury, disease or illness which results in severe physical or mental disability from which my physician considers there is no reasonable expectation of either a substantial recovery or a substantial improvement in the quality of life from that then being experienced by me as a result of such disability, for even a limited period of time, I direct that I be allowed to die and not to be kept alive by medications, artificial means or "heroic measures", and I direct that any such medications, means or measures that would keep me alive in those circumstances be withheld or withdrawn. I do, however, ask that medication be mercifully administered to me or medical or surgical procedures be taken, to alleviate suffering even though this may shorten my remaining life.
I authorize my attorney(s) to accept or reject the use of artificial life support systems.

CONSENT TO TREATMENT

4. I authorize my attorneys, on my behalf, to give or refuse to consent to treatment to which *Health Care Consent Act, 1996* applies.

REVOCATION

5. Any prior power of attorney for personal care or any prior power of attorney which affects my personal care given by me is hereby revoked.

COMPENSATION

6. My attorney(s) may take compensation out of my property for any work done in connection with this power of attorney for personal care by him, her or them, in accordance with the circumstances permitted, the amounts permitted and any method permitted for determining the amount of such compensation as may be prescribed by regulation pursuant to the *Substitute Decisions Act* for the compensation of attorneys under a power of attorney for personal care.

Executed at London, Ontario this 17th day of November, 2011 in the present of both witnesses, each present at the same time.

WITNESS

MARY PETKOVSKI
Print name and address
502-495 RICHMOND ST
London ON

WITNESS

Signature of Grantor

GORDON R. JOHNSON
Barrister & Solicitor
Notary Public
502 - 495 RICHMOND STREET
LONDON, ONTARIO
N6A 5A9

Print name and address