# **SAMPLE DIRECTION FOR THE RELEASE OF THE POWER OF ATTORNEY FOR**

# **PROPERTY FOR LAW PRACTICE DOCUMENT**

*Current as at October 2014*

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| --- | --- |
| **To:** | **(insert name of person or law firm holding the document in safekeeping)**  Barristers and Solicitors |
| **From:** | ***(insert name of lawyer granting the power of attorney)*** |
|  |  |
| **RE:** | Continuing Power of Attorney for Property for Law Practice made by me in favour of: **(*insert name of Replacement* Lawyer)** |
|  |  |
| **Replacement Lawyer:** | **(*insert name of Replacement Lawyer*)** |
| **Replacement Lawyer:** | **(*insert name of alternate Replacement Lawyer*)** |

You have agreed to hold the above document in safekeeping for me. In view of the fact that a need for the use of the document may arise in circumstances where I might lack the capacity to direct you or may otherwise be unavailable, you may rely upon this direction at that time. I agree that in consideration for your undertaking to hold the document for me, you shall be indemnified from any liability to my estate or to any third party as a consequence of relying on this Direction, or exercising any judgement this Direction requires you to exercise. You may also, where necessary, provide this Direction to any physician for the purpose of exercising such judgement, and such physician shall be similarly indemnified in relying on this document or exercising any judgement the circumstances require him or her to exercise.

You may release my Continuing Power of Attorney for Law Practice to the Replacement Lawyer or the Alternate Replacement Lawyer at the request of said person upon the receipt of one (1) or more of the following documents:

1. A written direction from the undersigned to the Replacement Lawyer or the Alternate Replacement Lawyer to commence to act under this Power of Attorney for Property for Law Practice; or
2. A written confirmation from a qualified medical doctor advising that the doctor has examined the undersigned and, in the opinion of the doctor, it would be unwise for the undersigned to continue to independently handle his (or her) own financial affairs, or words to that effect; or
3. A sworn statement by the Replacement Lawyer, or the Alternate Replacement Lawyer that, based on the information available to him (or her), it would be in the undersigned’s best financial interests for the Replacement Lawyer, or the Alternate Replacement Lawyer, to begin to act under the Continuing Power of Attorney for Law Practice, and the undersigned is unable to give instructions under paragraph 1 above and the Replacement Lawyer or Alternate Replacement Lawyer is unable to obtain an opinion from a medical doctor as in paragraph 2 above.

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### (insert date) (insert name of Donor)