

Power of Attorney for Personal Care

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, (Sign your name here, in the presence of two witnesses.)	2022
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, or child of the person making the document, or someone that the person treats as k person whose property is under guardianship or who has a guardian of the person; a perso [18.] Witness #1: Signature: Print Name: Wuwen Guo	is or her child: a
Address: Dr. North York On, Canada Post code 2017 5	
Witness #2: Signature: Vous Print Name: Zhen Hong	
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	
JONLPH J.F.A. ST Barrister & Solicitor, and Notary Public in and for the Province of Ontario Te- Add: 892 College St. Toronto, On. M6H1A4	