

**Non-lawyer Witness Certificate**

*This form is to be completed by two witnesses who are not lawyers.*

I, \_\_\_\_\_,  
(name)

of \_\_\_\_\_,  
(street address) (city) (province) (postal code)

and

I, \_\_\_\_\_,  
(name)

of \_\_\_\_\_,  
(street address) (city) (province) (postal code)

certify:

(a) that I witnessed the signing of the Enduring Power of Attorney of \_\_\_\_\_,  
(name of grantor)

dated \_\_\_\_\_ ;

(b) that I am an adult with capacity and that I am not the attorney named in the above-mentioned Enduring Power of Attorney and that I am not a family member of either the grantor or the attorney;

(c) that in my opinion the grantor was an adult who could understand the nature and effect of an Enduring Power of Attorney at the time that he or she signed the above-mentioned Enduring Power of Attorney.

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(date)