# Enduring Power of Attorney

**[This is a sample only - modify as appropriate]**

*You can execute multiple Powers of Attorney to deal with different aspects of your personal and professional lives. This sample only applies to the assets of your law practice. If you execute a second one to deal with your other property, take care to ensure that there is no overlap that may cause confusion.*

**Enduring Power of Attorney for Law Practice of**

(Lawyer)

This Enduring Power of Attorney is given on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date] at the \_\_\_\_\_\_\_\_\_\_\_ [City/Town] of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the Province of Alberta.

1. ‘**Practice**’ means all property, whether real or personal, that is related to or associated with my law practice in any way, including but not limited to the office premises, goodwill, furniture and equipment, bank accounts, and open and closed files.
2. ‘**Personal Assets**’ means all assets I own personally, both real and personal, of every kind and nature, apart from my Practice.
3. *‘***Agreement for the Management of a Lawyer's Practice**’ means the *agreement* that I entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_\_[date] with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Successor Lawyer], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Alternate] and \_\_\_\_\_\_\_\_\_\_\_\_\_\_[professional corporation, if applicable].
4. I revoke all previous powers of attorney that I have granted in connection with the management and disposition of my Practice.
5. Any powers of attorney, whether enduring or not, that I have granted with respect to my Personal Assets are not revoked. All powers of attorney granted with respect to my Personal Assets will exist concurrently with those granted in this document.

*The person you appoint as Practice Attorney should be the Successor Lawyer appointed under the* Agreement for the Management of a Lawyer's Practice.

*If you feel it is not sufficient to authorize your Practice Attorney to do ‘anything’ in respect of your practice, you can add a more detailed list of authorized functions to the following clause. If you do, take care that the list is consistent with the Successor Lawyer’s authority detailed in Schedule 1 of the* Agreement for the Management of a Lawyer's Practice.

1. I appoint the following person:

Name:

Law Society of Alberta Roll No.

Address:

E-mail address:

Telephone: Cell Phone:

to be my Practice Attorney and to do anything on my behalf in respect of my Practice that I could do if I were capable, except make a will, subject to the terms of this document.

1. I authorize my banking institutions to conduct such transactions as my Practice Attorney directs in connection with my accounts and safety deposit boxes and to grant him/her all rights and privileges I would otherwise have with respect to those accounts and safety deposit boxes.

*Different banks may have different requirements so ensure that you speak with each of your banks regarding what is needed to provide access. Some banks will accept a Power of Attorney while others have their own forms that must be completed. Make sure you are clear on the requirements of your bank for each of your accounts and safe deposit boxes.*

1. If my Practice Attorney cannot or will not be my attorney in respect of my Practice, I appoint the following Alternate to act in that capacity in the same manner and with the same authority as my Practice Attorney:

Name:

Law Society of Alberta Roll No.

Address:

E-mail address:

Telephone: Cell Phone:

1. References in this document to my Practice Attorney include the Alternate.

*An Enduring Power of Attorney can come into effect immediately or upon you becoming mentally incapable. If it doesn’t say it will survive your incapacity however, it may not be an Enduring Power of Attorney and may cease to have effect if you become mentally incapacitated.*

*If your Power of Attorney doesn’t come into effect immediately upon signing, it should use the same definition of incapacity and come into effect at the same time as the* Agreement for the Management of a Lawyer's Practice*.*

1. **[SELECT ONE:]**

This document is a continuing power of attorney made in accordance with the *Power of Attorney Act (Alberta)* and will not come into effect unless and until it is impracticable for me to give prompt and intelligent consideration to legal and business matters due to disability, impairment or other inability to act.

OR

This document is a continuing power of attorney made in accordance with the *Power of Attorney Act (Alberta)* and will come into effect only when the Agreement for the Management of a Lawyer's Practice comes into effect.

1. I may revoke this Enduring Power of Attorney at any time, in writing, provided I have the capacity to do so. It will remain in effect and will not be revoked despite any mental incapacity I may suffer after signing this document. If I do not revoke it during my lifetime, it will terminate on my death.
2. Upon this Enduring Power of Attorney coming into effect, my Practice Attorney will take possession and control of my Practice and all property, whether real or personal, related to or associated with it; will be entitled to bind, secure information and execute documents on behalf of my Practice with any person; and will manage my Practice including taking any steps listed in the Agreement for the Management of a Lawyer's Practice.
3. My financial institutions may continue to rely on this Enduring Power of Attorney until they receive my written revocation or written instructions from my Practice Attorney to stop honouring their signature.

*Since the Practice Attorney and Successor Lawyer should be the same person, compensation should be the same as what you stipulate in the* Agreement for the Management of a Lawyer's Practice.

1. In return for carrying out their duties under this Enduring Power of Attorney, I agree to pay the Practice Attorney the compensation set out for the Successor Lawyer in the Agreement for the Management of a Lawyer's Practice.

*The Practice Attorney’s ability to buy the practice should dovetail their ability to do so under the* Agreement for the Management of a Lawyer's Practice.

1. If my Practice Attorney wishes to buy some parts or all of my Practice, they may do so as follows:

This Enduring Power of Attorney has been signed by the grantor and witness whose names appear below, in each other’s presence, on the date written above.

Signature of grantor:

Signature and address of witness:

*Witnesses must be at least 18 years old and may* ***not*** *be any of the following:*

* *The person named as Practice Attorney.*
* *The spouse or adult interdependent partner of the Practice Attorney.*
* *The grantor’s spouse or adult interdependent partner.*
* *A person who has signed this Enduring Power of Attorney on behalf of the grantor.*
* *The spouse or adult interdependent partner of the person who has signed on behalf of the grantor.*
* *A person who believes the grantor is incapable of giving an Enduring Power of Attorney.*