



SIGNING YOUR GMA FORM OF LIVING WILL

PLEASE READ THESE INSTRUCTIONS FULLY AND CAREFULLY PRIOR TO COMPLETING YOUR LIVING WILL FORM. PLEASE ALSO NOTE THAT WHENEVER THESE INSTRUCTIONS INDICATE THAT YOU DELETE OR “CROSS OUT” ANYTHING ON THE FORM THESE CHANGES MUST BE INITIALLED IN THE MARGIN AS PER PARAGRAPH 9 BELOW.

1. Read and understand each of the provisions contained in this Living Will. Ask us, as your legal advisor, to explain any provision that you do not understand. Consider whether any additions, deletions or revisions should be made and ask that they be implemented into your Living Will before signing.

THE FOLLOWING NUMBERED PARAGRAPHS MAY ASSIST YOU IN COMPLETING THE LIVING WILL. SOME NUMBERED PARAGRAPHS REFER TO SPECIFIC ARTICLES OR PAGES OF THE LIVING WILL, FOR YOUR EASY REFERENCE.

2. Insert your name and contact particulars on the first page where indicated.
3. Insert the name and contact particulars for each of your Living Will Attorneys. If only one Living Will Attorney will be appointed, cross-out the second name and address lines. Indicate whether your Living Will Attorney will be acting alone or, if there will be two or more Living Will Attorneys, indicate whether they must act together (jointly), or whether they can act separately (severally).
4. Insert the name and contact particulars for any substitute Living Will Attorney. If you would like to have a particular condition apply to the substitution coming into force please discuss this with your personal legal advisor and have this condition inserted.
5. Indicate in *Article 7* whether or not you wish to donate any tissues or organs for transplant purposes, by initialling either “Yes” or “No” and by having your initials witnessed by two independent witnesses.
6. If you wish to add any Special Provisions, please cross out the “N/A” and insert them into *Article 8*. Otherwise you may leave this article intact.
7. Complete *Article 10* by filling in the date of your Personal Care Power of Attorney. If you do not have a Personal Care Power of Attorney or if you wish to appoint a different person to become your Living Will Attorney, cross-out *Article 10*. In that event, fill in the name, address and telephone numbers of any Living Will Attorneys.
8. Please fill into *Article 12* the contact particulars for your personal doctor, clergyman and legal advisor, as well as the names of any other family members or friends who are aware of your Living Will wishes. Fill in the name of your personal legal advisor.

9. Sign and date the Living Will before two witnesses over the age of eighteen years. The witnesses must not be beneficiaries under your Will, a spouse, partner, child, the Living Will Attorney or a person whose property is under guardianship or who is mentally incapacitated. They must both be present at the same time when you sign. **If you make ANY handwritten changes, additions or deletions to the Living Will you and your two witnesses must initial them in the margin (For Example deleting an additional Attorney on Page 1, Article 7 – Organ Donation; Article 8 – Special Provisions; Article 10 – deletion of Personal Care Attorney, etc.)** We strongly recommend that this Living Will, your Last Will and Testament or any Power of Attorney should be duly executed and witnessed by your personal legal advisor and legal staff members as independent witnesses. This will confirm that all appropriate execution procedures have been properly followed and minimize the potential for any dispute.
10. You must sign the Living Will of your own free will without fraud, duress, undue influence or any pressure.
11. Give your doctor a copy of this Living Will to be retained in your medical file and discuss with him/her the personal and medical aspects of this Living Will to make sure he/she is in agreement with your wishes. Give copies of this Living Will to your Health Care Power of Attorney, Executor, Lawyer and other persons concerned with this issue. Keep an original copy of this Living Will readily available at home, instead of locking it in your safety deposit box. Notify your Health Care Power of Attorney where the original document is located.
12. Discuss your intentions with those closest to you, NOW.
13. It is a good idea to look over your Living Will once a year to see whether any changes should be made. However, any such changes must be signed and dated by you, as well as signed and dated by two witnesses in accordance with the criteria set out in paragraph 9, above.

If you have any questions or concerns about this GMA document, you should contact us at:



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Attn: J. Robert Gardiner (bob.gardiner@gmalaw.ca)

Please note that our standard hourly rates may apply. For more information about hourly rates, ask us or review our GMA standard General Retainer Agreement on our website. Both the rates and retainer agreement are subject to change from time to time.

