attorney(s) for personal care as I may direct in writing while I am capable, or in a fair and reasonable amount.

h) I authorize my attorney(s) to make expenditures reasonably necessary for:

i. My support, education and care;
ii. the support, education and care of my dependants(s), if any; and
iii. the satisfaction of my other legal obligations;
iv. withdraw funds from my account.

Subject to the guiding principles set out in Section 37(2) of the Substitute Decisions Act.

5. **I AUTHORIZE MY ATTORNEY(S)** to take physical possession of all my property, including property held in a safety deposit box, property held in safekeeping by other on my behalf, and property held by other subject to some professional privilege, which privilege I waive for this purpose. My attorney(s) is/are entitled to review my Will in order to be able to manage my Estate in a manner consistent with my estate plans on my death.

6. **THIS POWER OF ATTORNEY** will come into effect immediately.
7. **ANY POWER OF ATTORNEY FOR PROPERTY** or any Power of Attorney which affects my property, except a Power of Attorney for Personal Care, previously given by me is hereby revoked.

8. **I HAVE SIGNED THIS POWER OF ATTORNEY** in the presence of both of the witnesses, whose names appear below these 02nd day of Sept , 2009

Claude Fernandes

Claude Fredrick Fernandes

WITNESS STATEMENT:

We are the witnesses to this Power of Attorney. We have signed this Power of Attorney in the presence of the person whose name appears above, and in the presence of each other on the date shown above. Neither one of us is the attorney or the attorney's spouse or partner, the grantor's spouse or partner, child or the grantor or a person whom the grantor has demonstrated a settled intention to treat as his/her child, a person whose property is under guardianship or who has a guardian of the person, or who is less than eighteen years old.

Signature_____)Signature_____