

**Form 2: Declaration of Competency to Administer Estate (Personal Directives Act)
Regarding Person Requiring Continuing-Care or Home-Services Care**
(subsection 8A(2) of the *Public Trustee Act*)

I, _____ (*full name*), a duly qualified medical practitioner personally examined _____ (*full name of person assessed*) on ____/____/____ (*dd/mm/yyyy*) at _____ a.m./p.m. at _____ (*location of examination*).

In my opinion, the person (check one):

- is competent to administer their estate.
- is not competent to administer their estate.

In arriving at this opinion I have considered all of the following:

- the nature and degree of the person's condition
- the complexity of the estate
- the effect of the person's condition on their conduct in administering the estate
- any other circumstances that I consider relevant to the estate and the person and their condition

The following information supports my opinion:

A) Observations from my examination of the patient:

B) Information from other sources:

Sources of above information (identify specific sources):

(date of signature)

(signature)

(printed name)