



## Informal Standard Substitute Decision Maker

### (Informal until endorsed by a lawyer)

This Representation Agreement is made by me, NAVEEN-DEMO HICKS, of Apartment #1007 - 936 Marine Street, North Vancouver, BC V7V3B3.

**A. APPOINTMENT OF REPRESENTATIVE**

I appoint my Brother, of ,, BC to be my Representative (the "Representative") in accordance with the *Representation Agreement Act*, R.S.B.C. 1996, c. 405 as amended (the "Act").

**B. ALTERNATE REPRESENTATIVE**

If my Brother should be unable or unwilling to act or continue to act as my Representative, then I appoint my Daughter, ALTERNATE ("ALTERNATE"), of ,, NS, to be my Representative. ALTERNATE shall confirm that Brother is unable or unwilling to act or continue to act as my Representative, by signing a Statutory Declaration to that effect.

**C. APPOINTMENT OF MONITOR**

A monitor is not required.

**D. REVOCATION**

I hereby revoke all prior Living Wills and Representation Agreements.

**E. RESIGNATION**

My Representative(s), including any Alternate Representative(s), may resign pursuant to s. 29(f) of the Act, upon personal delivery of a written resignation to me; or if I am then incapable, to any Alternate Representative, or, if there is no Alternate Representative, to my monitor if one is named in this Agreement, or if they are not living or capable, to the Public Guardian and Trustee.

**F. EFFECTIVE DATE**

In accordance with the Act, I declare that this Representation Agreement becomes effective upon, and may be exercised on the date it is executed.

**G. STANDARD POWERS OF REPRESENTATIVE**

I authorize my Representative to help me make decisions, or to make decisions on my behalf, about any or all of the following:

1. do anything that my Representative considers necessary in relation to my personal care or health care, including my clothing, diet, exercise, accommodation, education, social activities and occupation; and
2. minor health care matters, which mean routine tests and routine dental treatment, and major health care matters, which mean major surgery, receiving anesthetics, major diagnostic and investigative procedures and any care designated by regulation, as defined in the Health Care (Consent) and Care Facility (Admission) Act.

**H. ADDITIONAL POWERS**

I authorize my Representative to do any or all of the following:

1. consent or refuse consent to have me physically restrained, moved, or managed, when necessary and despite my objections at that time;
2. give consent on my behalf to all health care, even if I refuse at that time to give my consent to the health care;
3. refuse consent on my behalf to all types of medical care, including life support care or treatment;
4. give or refuse consent on my behalf to the kinds of health care prescribed under s. 34(2)(f) of the Health Care (Consent) and Care Facility (Admission) Act, including:
  - i. electroconvulsive therapy;
  - ii. psychosurgery;
  - iii. removal of tissue from a living human body for implantation in another human body or for medical education or research;
  - iv. experimental health care;
  - v. participation in a health care or medical research program that has not been approved by a committee that may approve medical research programs within British Columbia;
  - vi. any treatment, procedure or therapy that involves using aversive stimuli to induce a change in behaviour;
5. accept or refuse a facility care proposal for my admission to a care facility;
6. make arrangements for the temporary care, education and financial support of my minor children and my spouse and any other person or pet who is cared for and supported by me at the time of my mental infirmity; and
7. access my personal and confidential information and documents with respect to my health.

**I. TERMINATION**

This Agreement shall terminate upon the occurrence of any of the following:

1. my death;
2. the death, resignation, or incapacity of my Representative or Alternate Representative, and if there is no Representative then able to act;
3. the Court canceling this Agreement; or
4. if my Representative and myself are divorced or upon the termination of our marriage-like relationship and if there is no Representative then able

to act; or  
5. on the effective date of my revocation of the Representation Agreement.

**J. REMUNERATION**

My Representative(s) or Alternate Representative(s) shall not be entitled to any remuneration for acting as my Representative, but may be reimbursed for reasonable expenses.

**K. COUNTERPARTS**

This Agreement may be executed in counterparts and upon each party having executed a counterpart, each counterpart shall have the same force and effect as an original instrument.

**L. EXECUTION OF AGREEMENT**

This Agreement was signed and witnessed in accordance with the Electronic Witnessing of Enduring Powers of Attorney and Representation Agreements (COVID-19) Order (Ministerial Order 162/2020 under the Emergency Program Act, RSBC 1996, Chapter 11), during a state of emergency throughout the whole of the Province of British Columbia, which was declared because of the COVID-19 pandemic.

I, **Naveen-Demo Hicks** have signed this Representation Agreement in the electronic presence of the officer, whose name appears below.

TO EVIDENCE THE ABOVE, the parties have signed this Agreement.

SIGNED AND DELIVERED by, )  
**Naveen-Demo Hicks**, )  
On \_\_\_\_\_, at )  
Vancouver, British Columbia, in the presence )  
of: )  
)  
)  
)  
COMPLETED by, )  
LAWYER )  
Lawyer, LAW FIRM )  
LAW FIRM ADDRESS1 )  
)

\_\_\_\_\_  
**NAVEEN-DEMO HICKS**

SIGNED AND DELIVERED by,  
**Burt Hicks**  
on \_\_\_\_\_

\_\_\_\_\_  
**BURT HICKS**

ONLY INCLUDE IF THEY TICK THE ALTERNATIVE BUTTON  
SIGNED AND DELIVERED by,  
**Cindy Lou**  
on \_\_\_\_\_

\_\_\_\_\_  
**CINDY LOU**