The Public Trustee for the N.W.T.
Office of the Public Trustee
5th Floor, Courthouse
P.O. Box 1320
Yellowknife, NT X1A 2L9

CONSENT AND AUTHORIZATION

Application to the Court for a Guardianship and/or Trusteeship Order for

| The undersigned | ` ' | appointment of the Public | • | |
|-------------------------------|-------------------------------------|----------------------------------|---------------------|--|
| | | ppointment of the Public T | | |
| | • | uthorizes the Public Guardian a | | |
| all steps necessary in | ncluding, obtaining an as | sessment report, to obtain the a | above appointments. | |
| | | | | |
| (Please type or print legible | the following information, insert t | ho full local name) | | |
| (rease type or print regime | the following information, insert t | ne tun iegai name) | | |
| Name: | | Name: | | |
| Name:Relationship: | | Relationship: | Name:Relationship: | |
| Address: | | | Address: | |
| | | | | |
| | | | | |
| Signature | Date | Signature | Date | |
| | | | | |
| Nama | | Namas | | |
| | | | | |
| | | Relationship: | | |
| Address: | | Address: | | |
| | | | | |
| Signature | Date | Signature | Date | |

Please have as many family member(s) as possible sign this form. Print the name, relationship and address below each signature ie; spouse, mother, father, son, daughter, etc. If it is not convenient to have all close family members sign, kindly forward the form with the signatures of available persons to the above address. The day, month and year must be recorded on this document. Please refer to the attached sheet if additional space is required for signatures.