

SCHEDULE B-E

Consent Form for Consideration of Appointment as Emergency/Temporary Substitute Decision Maker

I/We, _____
[name(s) of proposed emergency/temporary substitute decision maker(s)]

understand and believe that I/we meet the eligibility requirements, and do hereby consent to be considered for the appointment of emergency or temporary substitute decision maker for

[name of person for whom an emergency/temporary substitute decision maker is requested]

in respect of whom decision-making power is sought in the area(s) of

- personal care
- property

* Signature of proposed emergency/temporary substitute decision maker

Date

* Signature of proposed emergency/temporary substitute decision maker

Date

* Not required for The Public Trustee