THIS GENERAL POWER OF ATTORNEY

1247

71-10

ATTENTION: MR. RICHMOND

General Power of Americy (Short)

Is given on the And day of May, year 2019.
By Sted A rad Hasch and Shahnay Asad of 5856 Glen Enn Dr. Minnessauga UN 125M5K4
of 5856 Glen EUR Dr MUNICIPA, ON LAM 5K4
Jointly / jointly and severally To be my attorney (s) in accordance with the Powers of Attorney Act to do on my behalf anything that I can lawfully do by an attorney and particularly the following acts, the enumeration of which is not in any to way limit the general powers herein conferred, namely:
a) To purchase, sell, make, draw, accept, endorse, discount, transfer, renew, negotiate and in every way deal with cheques, bills of exchange, promissory notes, deposit receipts, bonds, debenures, coupons and every kind of negotiable instrument and security;
b) To subscribe for, accept, purchase, sell, pledge, transfer, surrender and in every way deal with shares, stocks, bonds, debentures and coupous of every kind and description and to vote and act in respect thereof;
 To receive and collect rents, dividends, boouses, profits, interest, commission, fees, salaries, debts and claims of every kind and to give receipts, and discharges therefore and to distrain for rent and interest;
d) To purchase, sell, rent, exchange, mortgage, charge, lease, surrender, manage, and in every way deal with real estate and any increas brein including any right of possession in a matrimonial home under Part II of the Family Law Act, and execute and deliver deads, transfers, mortgages, charges, leases, assignments, surrenders, releases, consenss, and other instruments required for any such purpose;
 To take, assume, purchase, discharge, assign, pledge and in every way deal with mortgages of real and personal property and to execute all powers of sale and other powers therein;
f) To conduct any business operations.
In accordance with the Powers of Attorney Act, I declare that, this power of attorney may be exercised during any subsequent legal incurpacity on my part.
In accordance with the Powers of Attorney Act, I declare that, after due consideration, I am satisfied that the authority conferred on the attorney named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act. I therefore direct that in that even, the attorney named in this power of attorney may retain this power of attorney for the management of my estate by complying with subsection 56 (2) of the Mental Health Act and in that case the Public Trustee shall not become committee of my estate as would otherwise be the case under clauses 56 (1) and (b) of that Act.
Any power of amorney as other designation of authority to an agent iteretofore given by me is hereby revoked.
This power of attorney is subject to the following continuous and restrictions: to be used only for france trong in the presence of both witnesses whose names appear below on the presence of both witnesses whose names appear below on the
I have signed this power of attorney in the presence of both witnesses whose names appear below on the Manuscraphic Shahaz Asad (Grantor)
Signature of whenex
WATCH ATTENDED ZEESHAW SYAL Name of witness Name of witness
Name of witness Name of witness Or to 2
UNITED ARMY CMIRNIET SHAMETHAY 4 AG