

(If you filled out attachment B of the Advance Directive Form, this certificate must be completed by a lawyer.)

I, _____ of _____
(print full name) (print address)

Certify that:

1. I was consulted by _____
(print full name of Maker)
of _____
(print full address of Maker)

regarding the application of section 30 of the *Care Consent Act* to a Directive made by the Maker on

(day/month/year)

2. I am: _____ a member of the Yukon Law Society
OR
_____ a lawyer licensed to practice in the province/territory of _____
where the Directive was made

3. I believe the Maker of this Directive understands the nature and effect of the provisions of the Directive involving section 30 of the *Care Consent Act*.

The truth of this statement is certified at _____, Yukon
(print name of city)

on _____
(day/month/year)

(signature of lawyer)