

Affidavit

I solemnly swear (declare) that all of _____ 's income and assets were used primarily
Name of adult
for their benefit. All expenses were obligations of _____. This report is a true and
Name of adult
accurate reporting of _____ 's assets and liabilities as of _____.
Name of adult Date

Any significant changes in my circumstances and health or those of the adult for whom I am Committee, including change of residence or contact information, have been reported to the Public Guardian and Trustee (PGT). I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I acknowledge it is a serious offence to make a false declaration. I understand that the Public Guardian and Trustee may require further information and documentation at its discretion.

I acknowledge that I must keep all original documents relating to this accounting, including the original of this affidavit and all documents that support the accounting provided to the PGT until I am released by the Administrator/Executor of the Patient's estate after the death of the Patient. I also acknowledge that I must immediately provide any such original document to the PGT upon being requested by the PGT to do so.

Sworn (declared) before me at the _____
of _____ in the _____
of _____, this _____
day of _____, 20 _____.

Signature

Name

- Committee of Estate
 Both Committee of Estate and Person

Commissioner signature

A commissioner for taking affidavits

Information you provide is for the purpose of reviewing and passing the accounts of a private committee. Information is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and other applicable legislation. If you have any questions about the collection, use or disclosure of information, contact the PGT's Information and Privacy Officer, at 604-660-4444 or mail@trustee.bc.ca