**Authorization**

We, , and as

(Name) (Name)

(indicate alternate authority type)

* Personal Representative
* Power of Attorney
* Trustee in Bankruptcy
* Public Guardian and Trustee for
* Property Guardian (Name of Interest Holder as it appears on title )
* Property Co-Decision Maker
* Liquidator

authorize:







**Assignment** to of Interest Register Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Interest Number(s)/Share Number(s)

**Amendment** of Interest Register Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Discharge** of Interest Register Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partial Discharge** of Interest Register Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest Number(s)

Date (day, month, year) Witness Signature Signature of Alternate

Date (day, month, year) Witness Signature Signature of Alternate

Check if Witness is Lawyer in and for the Province of Saskatchewan

Lawyer Name

**Affidavit of Execution (if witness is not a Saskatchewan lawyer)**

I, of \_ in the Province of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name Place

**make oath and say that:**

1. I personally know and are

(person whose signature was witnessed) (person whose signature was witnessed)

**Or**

I have satisfied myself that and are

(person whose signature was witnessed) (person whose signature was witnessed)

the individuals named in this document and I was personally present when it was signed.

1. The individuals whose signatures I witnessed are in my belief the full age of eighteen years.

Sworn before me at

in the Province of

on

Date (day, month, year) Witness Signature

A Commissioner for Oaths for Saskatchewan

**OR** Notary Public for the Province of

My commission/appointment expires

**OR** Being a Solicitor

Date (day, month, year)

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