

***(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)