

Authorization

I, _____, as (indicate alternate authority type)
(Name)

- Personal Representative
- Power of Attorney
- Trustee in Bankruptcy
- Public Guardian and Trustee
- Property Guardian
- Property Co-Decision Maker
- Liquidator

for _____
(Name of Owner as it appears on title)

authorize the transfer of Title Number(s):

Or Application Sequence Number(s):

To _____

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 _____ who is
(person whose signature was witnessed)

Or

I have satisfied myself that _____ is
(person whose signature was witnessed)

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

2. The individual whose signature I witnessed is 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)