

Authorization

We, _____, and _____ as
(Name) (Name)

(indicate alternate authority type)

- 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

 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.

2. 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)
