

Certificate of Incapacity

The Public Guardian and Trustee Act

CANADA
PROVINCE OF SASKATCHEWAN

I, the undersigned, _____ being the Chief Psychiatrist

for the _____ having caused _____
(name of facility)

of _____

to be examined at _____

by _____, a physician, to determine whether he/she is not

capable to manage his/her estate, and having received a Certificate of Finding of Incapacity dated the _____

day of _____, A.D. 20____, do hereby certify that the said _____

is incapable to manage his/her estate.

Dated at _____,

this _____ day of _____, A.D. 20____.

Chief Psychiatrist