



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