



TO: _____
Name of Recipient at the Public Guardian and Trustee of BC

Address, Postal Code

RE: _____ Name of Adult (Last Name, First Name) _____ Date of Birth (Month/Day/Year e.g., Apr 3, 1982)

The adult named above was assessed as being incapable of managing their financial affairs and a certificate of incapability was issued.

Date certificate of incapability issued (Month/Day/Year e.g., Apr 3, 1982)
(signature date from Form 2 – Certificate of Incapability)

The adult named above had a second assessment or reassessment and the determination of the qualified health care provider is that he/she is capable of managing his/her financial affairs.

Date of Second Assessment/Reassessment (Month/Day/Year e.g., Apr 3, 1982)
(signature date from Form 1 for the Second Assessment/Reassessment)

The qualified health care provider notified me, a health authority designate, of the determination of capability, and I am accepting the determination. The Public Guardian and Trustee of BC should now proceed to issue a Cancellation of Certificate of Incapability to the adult named above informing him/her that the Public Guardian and Trustee of BC is no longer acting as statutory property guardian.

Table with 3 rows and 2-3 columns: Signature of Health Authority Designate, Name of Health Authority Designate, Address, Date Signed, Phone, Fax

Enc.: most current Form 1: AGA Report of Assessment of Incapability with Details Attached and Medical and Functional Component Forms

cc: Regional Consultant at the Public Guardian and Trustee of BC

cc: _____