



Office of the
Public Guardian

OFFICE OF THE
PUBLIC GUARDIAN
29 AUG 2014
REGISTERED

For OPG office use only

LPA HW
registered on 29/08/2014
OPG reference
number 3218266

Lasting power of attorney for health and welfare

About this lasting power of attorney

This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your **health and personal welfare**, when you are unable to make decisions for yourself. This can include decisions about your healthcare and medical treatment, decisions about where you live and day-to-day decisions about your personal welfare, such as your diet, dress or daily routine.

If you also want someone to make decisions about your **property and financial affairs**, you will need a separate form (downloadable from our website or call 0300 456 0300).

Who can fill it in?

Anyone aged 18 or over, who has the mental capacity to do so.

Before you fill in the lasting power of attorney:

1. Please read the guidance available at gov.uk/power-of-attorney or by calling **0300 456 0300**. See, for example, the **Lasting power of attorney creation pack** or other relevant guidance booklets which are all available online or by post.
2. Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **Information sheet** to understand all the people involved, and how the three parts of the form should be filled in.
4. Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called **Information you must read** before filling in their relevant part.



This lasting power of attorney could be rejected at registration if it contains any errors.

Checklist

See the information sheet for guidance on all the people involved

Part A: about you, the attorneys you are appointing, and people to be told

How many attorneys are you appointing? *Write in words.*

TWO

How many replacement attorneys are you appointing? *Write in words or write 'None' if this does not apply.*

NONE

How many people to be told are you choosing? *Write in words from 'None' to 'five'. If 'None' you must have two certificate providers in part B.*

ONE

Part B: about your certificate providers

How many certificate providers do you have? *(Tick one box)*

One OR Two

If you have used any continuation sheets each one must be signed and dated.

Attached to the back of this lasting power of attorney are:
(Write the number of each)

continuation sheet A1

continuation sheet A2

continuation sheet A3:HW 2 pages

continuation sheet B

Total number of continuation sheets



Information you must read



This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your health and welfare when you cannot make your own decisions. This can include where you live, who visits you and the type of care you receive.

When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. **Your attorneys can only act when you lack the capacity to make the decision in question.** You may have capacity to make some decisions about your personal health and welfare but not others.

The Mental Capacity Act

Your attorneys cannot do whatever they like. They **must** follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso.co.uk or read it online at gov.uk/power-of-attorney

Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision in question yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your health and welfare. Any guidance you add may assist your attorneys in identifying your views.

Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at gov.uk/power-of-attorney

How to fill in this form

- Tick the boxes that apply like this
- Use black or blue ink and write clearly
- Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

- Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial documents or accounts

WILLIAM EDWARD SMYTH
 A.S.B / W.E.S. SMYTH

- Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at gov.uk/power-of-attorney

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 4 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will **end** if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at gov.uk/power-of-attorney

Helpline

0300 456 0300

gov.uk/power-of-attorney

Valid only with Office of the Public Guardian stamp

5 About life-sustaining treatment

Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life-sustaining will depend on the specific situation. Some treatments will be life-sustaining in some situations but not in others.



The decisions you authorise your attorneys to make for you in this lasting power of attorney take the place of any advance decision you have already made on the same subject.

You must be clear whether or not you want to give your attorneys this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your attorneys or doctors and health professionals.

You must choose Option A OR Option B.


Your attorneys can **only** make decisions about life-sustaining treatment if you choose Option A. If you choose Option B, your doctors will take into account where it is practicable and appropriate the views of your attorneys and people who are interested in your welfare as well as any written statement you may have made.

When you make your choice and sign this section you **must** have a witness. If you cannot sign you can make a mark instead.

 **If you cannot sign or make a mark use continuation sheet A3:HW →** 

- someone else **must** sign for you at your direction.
- they must sign in your presence **and** in the presence of **two witnesses**.

Option A

 Do not sign both boxes

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.


Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark


[Handwritten signature]

Date signed or marked

25 09 2012

 The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

Option B

 Do not sign both boxes

I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.


Signed in the presence of a witness by the person who is giving this lasting power of attorney

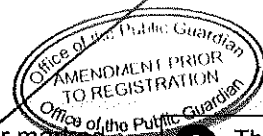
Your signature or mark

[Crossed out signature area]

Date signed or marked

[Crossed out date field]

 The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.



Who can be a witness

- You must be 18 or over.
- You **cannot** be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
- If you have been asked to be the certificate provider at part B, you can be a witness at part A.
- A person to be told when the application to register this lasting power of attorney is made can be a witness.

Witnessed by

Signature of witness

[Handwritten witness signatures]



Full names of witness

Joanna Mary Dutton

Address and postcode of witness

3 Waterfront Business Park, Brerley Hill, West Midlands

Postcode B75 1LX

Helpline
 **0300 456 0300**
 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

10 Declaration by the person who is giving this lasting power of attorney

Before signing please check that you have:

- filled in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filled in any continuation sheets
- crossed through any mistakes you have made
- initialled any changes you have made.

No changes may be made to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:

Statement of understanding

I have read or had read to me:

- the section called 'Information you must read' on page 2
- all information contained in part A and any continuation sheets to part A of this lasting power of attorney.

I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting power of attorney and to the provisions of the Mental Capacity Act 2005.

Statement about life-sustaining treatment

I have chosen option A or option B about life-sustaining treatment in section 5 of this lasting power of attorney.

People to be told when the application to register this lasting power of attorney is made

I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.

OR

I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.

If you cannot sign this lasting power of attorney you can make a mark instead.

If you cannot sign or make a mark use continuation sheet A3:HW ->

Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed

[Handwritten signature]

Date signed or marked

25 09 2012

Sign (or mark) and date section 5 (Option A or Option B), and each continuation sheet at the same time as you sign (or mark) part A here. You must sign (or mark) and date part A here before parts B and C are signed and dated.

The witness should be independent of you and:

- Must be 18 or over.
- Cannot be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney.
- Can be a certificate provider at part B.
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

Sign section 5 (witnessing Option A or Option B) at the same time as you sign part A here.

Witnessed by

Signature of witness

[Handwritten witness signature]

Full names of witness

Joanna Mary Dutton

Address and postcode of witness

3 Waterfront Business Park Brierley Hill West Midlands

Postcode B45 1LX

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp.

Part B – Declaration by the person who is signing this certificate (continued)

Things you certify

I certify that, in my opinion, at the time of signing part A:

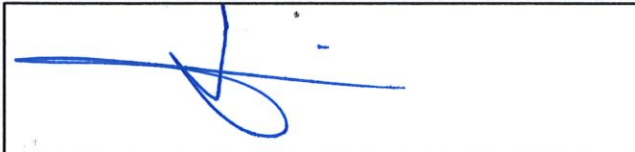
- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

Your signature

! Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider



Date signed

25 09 2012

Name and address of the person who is signing this certificate

Mr Mrs Ms Miss Other title

First names of certificate provider
PETER GERARD

Last name of certificate provider
GOSLING

Address and postcode of certificate provider

3 WATERFRONT BUSINESS PARK
BRIERLEY HILL
WEST MIDLANDS
Postcode D Y 5 1 L X

Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.

Statement by the attorney or replacement attorney who is signing this declaration

- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered and when the person who is giving this lasting power of attorney lacks mental capacity
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney

Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

! For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

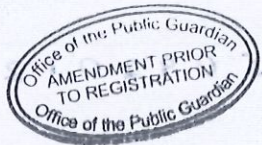
Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)

Reeve

Full name of [attorney] ~~XXXXXXXXXXXXXXXXXXXX~~
(delete as appropriate)

NUALA ANN REEVE

Date signed or marked
26 09 2012



The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Sally Davies

Full name of witness

SALLY DAVIES

Address and postcode of witness to the attorney's or replacement attorney's signature

125 QUESLETT ROAD EAST,
STREETLY, SUTTON COLDFIELD

Postcode B 74 2 A J

Helpline
0300 456 0300
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.

Statement by the attorney or replacement attorney who is signing this declaration

- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered and when the person who is giving this lasting power of attorney lacks mental capacity
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney

Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

! For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)

AS Duffy

Full name of [attorney] ~~XXXXXXXXXXXXXXXXXXXX~~
(delete as appropriate)

ANGELA BERNADETTE DUFFY

Date signed or marked

06/02/12



The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Helen Goodchild

Full name of witness

HELEN LOUISE GOODCHILD

Address and postcode of witness to the attorney's or replacement attorney's signature

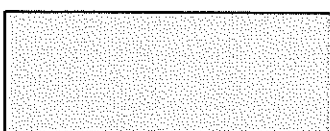
137 STATION ROAD

WYTHALL BIRMINGHAM

Postcode B476AG

Helpline
0300 456 0300
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp





Office of the
Public Guardian

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PUBLIC GUARDIAN
29 AUG 2014
REGISTERED

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LPA PA registered on 29/08/2014
OPG reference number 3218266

Lasting power of attorney - property and financial affairs

About this lasting power of attorney

This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your **property and financial affairs**, when you are unable to make decisions for yourself.

If you also want someone to make decisions about your **health and welfare**, you will need a separate form (downloadable from our website or call 0300 456 0300).

Who can fill it in?

Anyone aged 18 or over, who has the mental capacity to do so.

Before you fill in the lasting power of attorney:

1. Please read the guidance available at gov.uk/power-of-attorney or by calling 0300 456 0300. See, for example, the **Guidance for people who want to make a lasting power of attorney for property and financial affairs** or other relevant guidance booklets which are all available online or by post.
2. Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **Information sheet** to understand all the people involved, and how the three parts of the form should be filled in.
4. Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called **Information you must read** before filling in their relevant part.



This lasting power of attorney could be rejected at registration if it contains any errors.

Checklist

See the information sheet for guidance on all the people involved

Part A: about you, the attorneys you are appointing, and people to be told

How many **attorneys** are you appointing? *Write in words.*

THREE

How many **replacement attorneys** are you appointing? *Write in words or write 'None' if this does not apply.*

NONE

How many **people to be told** are you choosing? *Write in words from 'None' to 'five'. If 'None' you must have two certificate providers in part B.*

ONE

Part B: about your certificate providers

How many **certificate providers do you have?** (Tick one box)

One OR Two

If you have used any continuation sheets each one must be signed and dated.

Attached to the back of this lasting power of attorney are:
(Write the number of each)

continuation sheet A1	1
continuation sheet A2	1
continuation sheet A3:PFA	0
continuation sheet B	0
continuation sheet C	0
Total number of continuation sheets	2



Information you must read



This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your property and financial affairs when you cannot make your own decisions. This can include running your bank accounts and savings accounts, decisions about making or selling investments and selling property, and spending your money.

When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. Your attorneys can make decisions for you as soon as this lasting power of attorney is registered – both when you have mental capacity and when you lack mental capacity, unless you put a restriction in this lasting power of attorney.

The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso.co.uk or read it online at gov.uk/power-of-attorney

Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your welfare. Any guidance you add may assist your attorneys in identifying your views.

Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at gov.uk/power-of-attorney

How to fill in this form

- Tick the boxes that apply like this
- Use black or blue ink and write clearly
- Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

- Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial documents or accounts

WILLIAM EDWARD SMITH
A.S.B / W.E.S. SMYTH

- Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at direct.gov.uk/lparegistration

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 4 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will **end** if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at gov.uk/power-of-attorney

Helpline

0300 456 0300

gov.uk/power-of-attorney

Valid only with Office of the Public Guardian stamp

Part A Declaration by the person who is giving this lasting power of attorney

Please write clearly using black or blue ink.

1 About the person who is giving this lasting power of attorney

Mr Mrs Ms Miss Other title

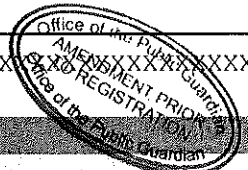
First names
PATRICK

Last name
COURTNEY

Date of birth
1 6 0 3 1 9 4 1

Address and postcode
LITTLE TRUEMANS HEATH FARM
OFF LITTLE TRUEMANS HEATH LANE
SOLIHULL, SHIRLEY, WEST MIDLANDS
Postcode B 9 0 1 P J

Any other names you are known by in financial documents or accounts
XXXXXXXXXXXXXXXXXXXXXXXXXXXX



2 About the attorneys you are appointing

If you are appointing a trust corporation alone, cross through this section and go to 2A →

Thinking about your attorneys

- You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.
- Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for property and financial affairs.
- Your attorney must not be bankrupt.

Your first or only attorney

Mr Mrs Ms Miss Other title

First names of your first or only attorney
NUALA ANN

Last name of your first or only attorney
REEVE

Date of birth of your first or only attorney
0 2 1 0 1 9 7 3

Address and postcode of your first or only attorney
14 YEWHRST ROAD
SOLIHULL
Postcode B 9 1 1 P W

Your second attorney

Please cross through this section if it does not apply.

Mr Mrs Ms Miss Other title

First names of your second attorney
ANGELA BERNADETTE

Last name of your second attorney
DUFFY

Date of birth of your second attorney
3 0 1 2 1 9 6 4

Address and postcode of your second attorney
20 DUKES AVENUE
CHISWICK
Postcode W 4 2 A E

If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.

Other attorneys you are appointing

Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney

ONE Cross through this box if this does not apply

Helpline
0300 456 0300
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

9 Declaration by the person who is giving this lasting power of attorney

Before signing please check that you have:

- filled in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filled in any continuation sheets
- crossed through any mistakes you have made
- initialled any changes you have made.

No changes may be made to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:PFA, I confirm all of the following:

Statement of understanding

I have read or had read to me:

- the section called 'Information you must read' on page 2
- all information contained in part A and any continuation sheets to part A of this lasting power of attorney.

I appoint and give my attorneys authority to make decisions about my property and financial affairs, including when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting power of attorney and to the provisions of the Mental Capacity Act 2005.

People to be told when the application to register this lasting power of attorney is made

I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.

OR

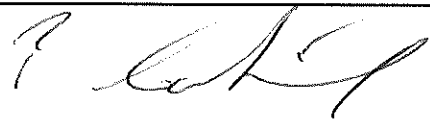
I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.

If you cannot sign this lasting power of attorney you can make a mark instead.

 If you cannot sign or make a mark use continuation sheet A3:PFA →


Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed

Sign with usual signature



Date signed or marked

25 09 2012

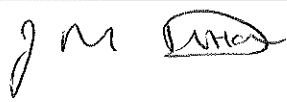
 Sign (or mark) and date each continuation sheet at the same time as you sign (or mark) part A. You must sign (or mark) and date part A here before parts B and C are signed and dated.

The witness should be independent of you and:

- Must be 18 or over.
- Cannot be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney or the employee of any trust corporation named as an attorney or replacement attorney.
- Can be a certificate provider at part B.
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

Witnessed by

Signature of witness



Full names of witness

Joanna Mary Dutton

Address and postcode of witness

3 Waterfront Business
Park, Brerley Hill
West Midlands
Postcode D45 1LX

Part B – Declaration by the person who is signing this certificate (continued)

Things you certify

I certify that, in my opinion, at the time of signing part A:


- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

Your signature

! Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider



Date signed

2 5 0 9 2 0 1 2

Name and address of the person who is signing this certificate

Mr Mrs Ms Miss Other title

First names of certificate provider
PETER GERARD

Last name of certificate provider
GOSLING

Address and postcode of certificate provider

3 WATERFRONT BUSINESS PARK
BRIERLEY HILL
WEST MIDLANDS

Postcode D Y 5 1 L X

Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.

Statement by the attorney or replacement attorney who is signing this declaration

- The attorney or replacement attorney must not be bankrupt.
- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- I can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- I have a duty to keep accounts and financial records and produce them to the Office of the Public Guardian and/or to the Court of Protection on request.

Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

! For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)

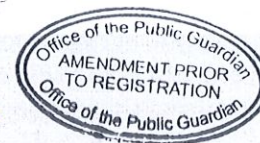
Reeve

Full name of [attorney] ~~XXXXXXXXXXXXXXXXXXXX~~
delete as appropriate

NUALA ANN REEVE

Date signed or marked

26092012



The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Sally Davies

Full name of witness

SALLY DAVIES

Address and postcode of witness

125 QUESLETT ROAD EAST,
STREETLY, SUTTON COLDFIELD

Postcode

B74 2AJ

Helpline
0300 456 0300

direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp



Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.

Statement by the attorney or replacement attorney who is signing this declaration

- The attorney or replacement attorney must not be bankrupt.
- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- I can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- I have a duty to keep accounts and financial records and produce them to the Office of the Public Guardian and/or to the Court of Protection on request.

Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

! For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)

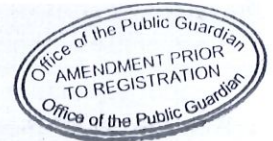
Angela Bernadette Duffy

Full name of [attorney] ~~XXXXXXXXXXXXXXXXXXXX~~
delete as appropriate

ANGELA BERNADETTE DUFFY

Date signed or marked

06/10/2012



The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Helen Goodchild

Full name of witness

HELEN GOODCHILD

Address and postcode of witness

137 STATION ROAD
WYTHALL - BIRMINGHAM

Postcode B4 7 6 A 9

Helpline
0300 456 0300
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.

Statement by the attorney or replacement attorney who is signing this declaration

- The attorney or replacement attorney must not be bankrupt.
- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- I can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- I have a duty to keep accounts and financial records and produce them to the Office of the Public Guardian and/or to the Court of Protection on request.

Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

! For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)

Marcus H Paul Daly

Full name of [attorney] or [replacement attorney] delete as appropriate

MARCUS HUGH PAUL DALY

Date signed or marked

25/10/2012

The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Michael Long

Full name of witness

* MICHAEL LONG

Address and postcode of witness

2 WATER COURT LANE
STREET BIRMINGHAM

Postcode

B3 1HP

Helpline
0300 456 0300

direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

About the additional people

For each additional person, provide the following details

- Whether you want them to act as an attorney, replacement attorney or person to be told

! If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration

For example:

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

or:

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962

- Their title, full name, address (including postcode)
- Their date of birth

- THIRD ATTORNEY
- MR MARCUS HUGH PAUL DALY
- MICHAEL KAY & CO, 2 WATER COURT, WATER STREET, BIRMINGHAM, B3 1HP
- 02.07.1957

About you

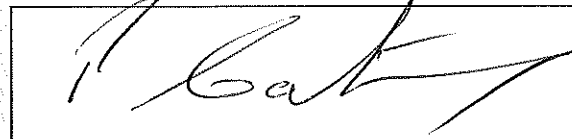
Name of person who is giving this lasting power of attorney

PATRICK COURTNEY

Date signed or marked

25/09/2012

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney



Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

And number your continuation sheets consecutively.

This is continuation sheet number

1

Total number of continuation sheets

2

Helpline

0300 456 0300

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A2 Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment

Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.

About the additional information

For each additional piece of information you are providing, state whether it relates to:

- Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)
- Restrictions and conditions
- Guidance to your attorneys
- Paying your attorneys

Any Attorney of mine who is an accountant may charge for acting as my Attorney at their usual hourly rate, also the following shall apply:-

(A) An Attorney carrying on a business which consists of or includes the management of people's financial affairs or advising Attorneys may charge fees and/or commission for work done by him or his firm in connection with my affairs including work which a layman could have done personally.

(B) My Attorneys may make arrangements to remunerate themselves for work done for a company connected with my affairs.

About you

Name of person who is giving this lasting power of attorney

PATRICK COURTNEY

Date signed or marked

25 09 2012

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney



Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

And number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

Helpline

0300 456 0300

direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

