



# Office of the Public Guardian

OFFICE OF THE  
PUBLIC GUARDIAN

29 AUG 2014

REGISTERED

For OPG office use only

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](http://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.**

I hereby certify the foregoing reproduction to be a true and complete copy of page 1 of the original instrument.

Solicitor *Clare Michelle Whitnall*  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

LPA117 (04.13)

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Laserform International 4/13

Helpline

0300 456 0300

[gov.uk/power-of-attorney](http://gov.uk/power-of-attorney)

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### 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](http://tso.co.uk) or read it online at [gov.uk/power-of-attorney](http://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](http://gov.uk/power-of-attorney)

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Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

## 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](http://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

Helpline  
**0300 456 0300**

[gov.uk/power-of-attorney](http://gov.uk/power-of-attorney)

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**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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

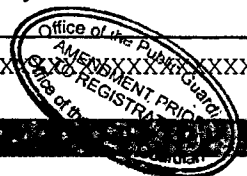
SOLIHULL, SHIRLEY, WEST MIDLANDS

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

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

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

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

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.

Solicitor *Clare Michelle Whitnall*  
 Higgs & Sons  
 3 Waterfront Business Park, Brierley Hill DY5 1LX

**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

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ORIGINATED BY

[illegible][illegible]

XXXXXX Cross through this box if this does not apply

Office of the Public Guardian  
AMENDMENT PRIOR  
TO REGISTRATION  
Office of the Public Guardian

Solicitor *Claire Michelle Whittall*  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

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**! If you leave this section blank, your attorneys will be appointed to make all decisions jointly.**

- ## Choosing which decisions must be made together and which decisions may be made separately – how this will work in practice

- Please make your intentions clear about how your attorneys are to make decisions about running bank accounts and savings accounts, making or selling investments and selling property, and spending your money.
- Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if, for example, a bank or building society account cannot be operated as you wish.

***If you are appointing only one attorney and no replacement attorneys, now go to section 5 →***


Jointly	<input type="checkbox"/>	→ Go to to section 5 and cross through the box below
Jointly and severally	<input checked="" type="checkbox"/>	→ Go to to section 5 and cross through the box below
Jointly for some decisions, and jointly and severally for other decisions	<input type="checkbox"/>	

XX  
XX



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of the original instrument

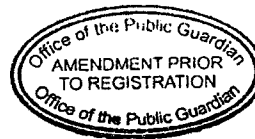
Solicitor Claire Michelle Whittall  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

 **If you need more space, use continuation sheet A2**

## 5 About restrictions and conditions

### Putting restrictions and conditions into words

- You should read the separate guidance for examples of conditions and restrictions that will not work in practice.
- Your attorneys **must** follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable.
- **Either:** give any restrictions and conditions about property and financial affairs here
- **Or:** if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.

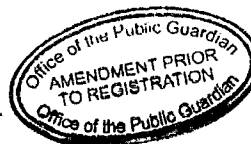


If you need more space, use continuation sheet A2

## 6 About guidance to your attorneys

### Putting guidance into words

- Any guidance you add may help your attorneys to identify your views. You do not have to add any.
- Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.
- **Either:** Give any guidance about property and financial affairs here
- **Or:** if you have no guidance to add, please cross through this box.



If you need more space, use continuation sheet A2

## 7 About paying your attorneys

### Professional charges

- Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You should discuss payment with your attorneys and record any agreement made here to avoid any confusion later.
- You can choose to pay non-professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses

### Charges for services

SEE PART A2

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Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX



If you need more space, use continuation sheet A2

→ For further information on paying attorneys, please see the separate guidance.

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**8 About people to be told when the application to register this lasting power of attorney is made**

**Thinking about people to be told**

- For your protection you can choose up to five people to be told when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections before this lasting power of attorney is registered and can be used.

**!** • You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

<p><b>The first or only person to be told</b></p> <p>Please enter their full name and relationship to the deceased</p>	<p><b>The second person to be told</b>XXXXXXXXXXXXXXXXXXXX</p>
--	--

Please cross through this section if it does not apply.

Mr	Mrs	Ms	Miss	Other title
----	-----	----	------	-------------

Mr	Mrs	Miss	Other title
	✓		

First names of first or only person to be told

JOANNA MARY	
-------------	--

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 
--

Last name of first or only person to be told DUTTON

Address and postcode of Eastern University: \_\_\_\_\_

Address and postcode of first or only person to be told

3 WATERFRONT BUSINESS PARK	
----------------------------	--

BRIERLEY HILL

[illegible]

Postcode	D	Y	5		1	L	X	XXXXXXXXXXXXXXXXXXXXXX																			
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~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

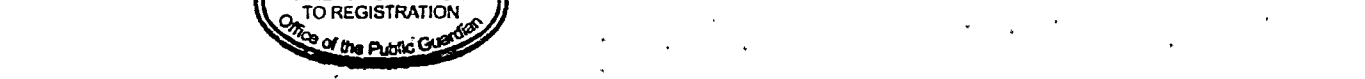
~~XX~~

XX

NATIONAL ARCHIVES OF THE UNITED STATES  
 8600 COLLEGE PARK DRIVE  
 COLLEGE PARK, MD 20740-6001  
 (301) 837-1125  
 www.archives.gov

XXXXXXXXXXXXXXXXXXXX

Office of the Public Guardian  
AMENDMENT PRIOR  
TO REGISTRATION



I hereby certify the foregoing reproduction  
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of the original instrument

of the original instrument.

*Ch. Mitchell*  
Solicitor *Claire Michelle Whitnall*  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DYS 1LX

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0300 456 0300

 [direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

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valid only with Office of the World War II 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**

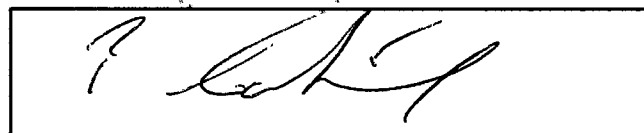
I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.

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



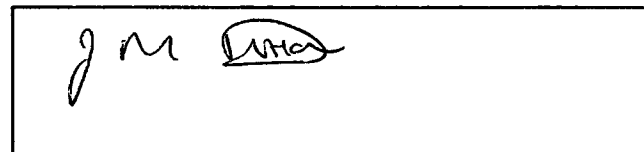
Sign (or mark) and date each continuation sheet at the same time as you sign (or mark) part A. You must sign (or mark) and date part A here before parts B and C are signed and dated.

**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, Brierley Hill  
West Midlands

Postcode DY5 1LX

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Solicitor  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

Helpline

0300 456 0300



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**Declaration by the person who is signing this certificate**

THE UNIVERSITY OF CHICAGO

**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:

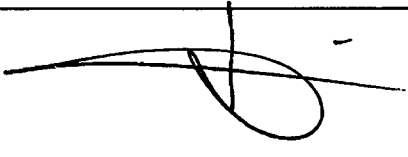
- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from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

I hereby certify the foregoing reproduction to be a true and complete copy of page 10 of the original instrument

*Clare Michelle Whitthall*  
Solicitor  
Higgs & Sons  
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# 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)

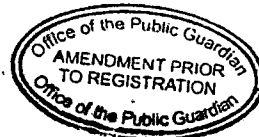


Full name of [attorney] ~~XXXXXXXXXXXXXXXXXXXX~~  
delete as appropriate

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.

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Solicitor:   
Higgs & Sons  
3 Waterfront Business Park, Brerley Hill DYS 1LX

Signature of witness



Full name of witness

SALLY DAVIES

Address and postcode of witness

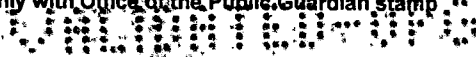
125 QUESLETT ROAD EAST,  
STREETLY, SUTTON COLDFIELD  
Postcode B74 2AS

Helpline

0300 456 0300

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# 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.

I hereby certify the foregoing reproduction to be a true and complete copy of page 12 of the original instrument

Solicitor *Claire Michelle Whitham*  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

Signature of witness

*Helen Goodchild*

Full name of witness

HELEN GOODCHILD

Address and postcode of witness

137 STATION ROAD  
WYTHAM - BIRMINGHAM  
Postcode B4 7 6 A 5

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

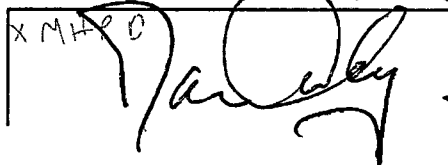
If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

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)

X MHPD  


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

MARCUS HUGH PAUL DALY

Date signed or marked

25/10/2012

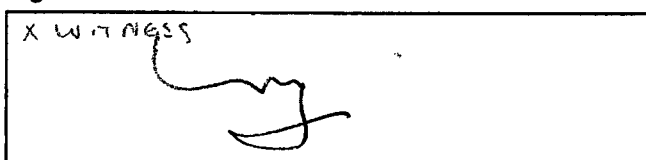
The witness must be over 18 and can be:

- 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

X WITNESS  


Full name of witness

X Michael King

Address and postcode of witness

2 WATERLOO COURT LONDON  
STREET BIRMINGHAM  
Postcode B3 1HP

I hereby certify the foregoing reproduction to be a true and complete copy of page 13 of the original instrument

  
Solicitor Claire Michelle Whitthall  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

Helpline  
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OFFICE OF THE PUBLIC GUARDIAN

I hereby certify the foregoing reproduction  
to be a true and complete copy of page 14  
of the original instrument

  
Solicitor Claire Michelle Whitham  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

# 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

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*C. Whitthall*  
Solicitor *Claire Michelle Whitthall*  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

## 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

*P. Courtney*

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

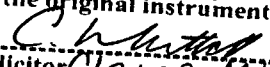
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I hereby certify the foregoing reproduction  
to be a true and complete copy of page 16.  
of the original instrument

  
-----  
Solicitor Claire Michelle Whittall  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX



# 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.

I hereby certify the foregoing reproduction to be a true and complete copy of page 17 of the original instrument

*Claire Michelle Whitthall*  
Solicitor  
Higgs & Sons  
3 Waterfront Business Park, Brierley Hill DY5 1LX

## 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

*P. Courtney*

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 2

Total number of continuation sheets 2

Helpline

0300 456 0300



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Solicitor

Higgs & Sons

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