



Lasting power of attorney for property and financial affairs



Section 1 The donor

You are appointing other people to make decisions on your behalf.
You are 'the donor'.

Restrictions - you must be at least 18 years old and be able to understand
and make decisions for yourself (called 'mental capacity').



For help with
this section,
see the
Guide, part A1.

If you are filling this in for
a friend or relative and
they can no longer make
decisions independently,
they can't make an LPA.
See the Guide 'Before you
start' for more information.

Title First names
MRS SHEILA ANNE

Last name
BARKER

Any other names you're known by (optional - eg your married name)
[Blank]

Date of birth
2 8 1 2 1 9 3 6
Day Month Year

Office of the Public Guardian
This box was
blank on
registration
Office of the Public Guardian

Address
CRIMBLES LODGE
HUNSHELF BANK
STOCKSBRIDGE
Postcode S36 2BS

Email address (optional)
N/A

Office of the Public Guardian
This box was
blank on
registration
Office of the Public Guardian

For OPG office use only

LPA registration date OPG reference number
30 03 2016 7000 4352 0290
Day Month Year

Only valid with the official stamp here.

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LP1F Property and financial
affairs (07.15)

Section 2

The attorneys

Helpline
0300 456 0300



The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

You need at least one attorney, but you can have more.

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

To appoint a trust corporation, fill in the first attorney space and tick the box in that section. They must sign Continuation sheet 4. For more about trust corporations, see the Guide, part A2.

Restrictions - Attorneys must be at least 18 years old and must have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.

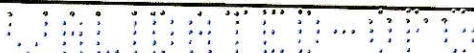


For help with this section, see the Guide, part A2.

Title	First names
MR	ERNEST STUART
Last name (or trust corporation name)	
BARKER	
Date of birth	
1 1	0 7 1 9 3 1
Day	Month Year
Address	
CRIMBLES LODGE	
HUNSHELF BANK	
STOCKSBRIDGE	
Postcode	S36 2BS
Email address (optional)	
N/A	
<input type="checkbox"/>	This attorney is a trust corporation.

Title	First names
MR	NEIL STUART
Last name	
BARKER	
Date of birth	
1 5	1 1 1 9 7 6
Day	Month Year
Address	
18 SALTERS WAY	
PENISTONE	
Postcode	S36 6UE
Email address (optional)	
N/A	

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Section 2 - continued

Helpline
0300 456 0300



Title First names

Last name

Date of birth
Day | Month | Year

Address

Postcode

Email address (optional)

Title First names

Last name

Date of birth
Day | Month | Year

Address

Postcode

Email address (optional)



More attorneys - I want to appoint more than 4 attorneys. Use Continuation sheet 1.

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Section 3

How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

I only appointed one attorney (turn to section 4)

How do you want your attorneys to work together? (tick one only)

Jointly and severally

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

Jointly

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

Be careful - if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

Jointly for some decisions, jointly and severally for other decisions

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

Be careful - if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.

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For help with this section, see the Guide, part A3.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the Guide, don't match your needs.

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Section 4

Replacement attorneys

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This section is optional, but we recommend you consider it

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

To appoint a trust corporation, fill in the first attorney space below and tick the box in that section. They must sign Continuation sheet 4.

Reasons replacement attorneys step in - if one of your original attorneys dies, loses capacity, no longer wants to be your attorney, becomes bankrupt or subject to a debt relief order or is no longer legally your husband, wife or civil partner.

Restrictions - replacement attorneys must be at least 18 years old and have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A4.

Title First names

Last name (or trust corporation name)

Date of birth

Day Month Year

Address

Postcode

This attorney is a trust corporation.

More replacements - I want to appoint more than two replacements. Use Continuation sheet 1.

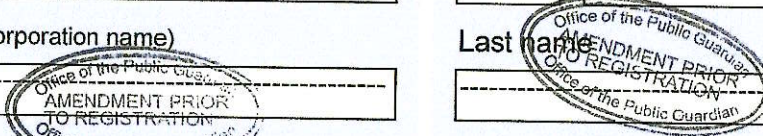
When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act **jointly**. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change when or how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.



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Section 5

When can your attorneys make decisions?

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You can allow your attorneys to make decisions:

- as soon as the LPA has been registered by the Office of the Public Guardian
- only when you don't have mental capacity

While you have mental capacity you will be in control of all decisions affecting you. If you choose the first option, your attorneys can only make decisions on your behalf if you allow them to. They are responsible to you for any decisions you let them make.

Your attorneys must always act in your best interests.



For help with this section, see the Guide, part A5.

When do you want your attorneys to be able to make decisions?

(mark one only)

- As soon as my LPA has been registered
(and also when I don't have mental capacity)**

Most people choose this option because it is the most practical.

While you still have mental capacity, your attorneys can only act **with your consent**. If you later lose capacity, they can continue to act on your behalf for all decisions covered by this LPA.

This option is useful if you are able to make your own decisions but there's another reason you want your attorneys to help you - for example, if you're away on holiday, or if you have a physical condition that makes it difficult to visit the bank, talk on the phone or sign documents.

- Only when I don't have mental capacity**

Be careful - this can make your LPA a lot less useful. Your attorneys might be asked to prove you do not have mental capacity each time they try to use this LPA.

Section 6

People to notify when the LPA is registered

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This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA - for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

You can't put your attorneys or replacement attorneys here.

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
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<input type="text"/>	
Postcode	<input type="text"/>

I want to appoint another person to notify (maximum is 5) - use Continuation sheet 1.

Section 7

Preferences and instructions

Helpline
0300 456 0300



This section is optional



You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank - you can just talk to your attorneys so they understand how you want them to make decisions for you.

Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.



For help with this section, see the Guide, part A7.

Preferences - use words like 'prefer' and 'would like'

Form area for preferences with horizontal dashed lines. A circular stamp is visible on the right side of the form.

I need more space - use Continuation sheet 2.

Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.



If you want to give instructions, you may want to take legal advice.

Be careful - if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.

Instructions - use words like 'must' and 'have to'

Form area for instructions with horizontal dashed lines. A circular stamp is visible in the center of the form.

I need more space - use Continuation sheet 2.

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Section 8

Your legal rights and responsibilities

Helpline
0300 456 0300



Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.

LPAs are governed by the Mental Capacity Act 2005 (MCA), regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from www.gov.uk/opg/mca-code or from The Stationery Office.

Your attorneys must follow the principles of the Mental Capacity Act:

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision 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 attorneys must always act in your best interests. This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

Before this LPA can be used:

- it must be registered by the Office of the Public Guardian (OPG)
- it may be limited to when you don't have mental capacity, according to your choice in section 5.

Cancelling your LPA: You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

Your will and your LPA: Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

Data protection: For information about how OPG uses your personal data, see the Guide, part D.



For help with this section, see the Guide, part A8.

Section 9

Signature: donor

Helpline
0300 456 0300



By signing on this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- 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 LPA and to the provisions of the Mental Capacity Act 2005
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties



Be careful

Sign this page (and any continuation sheets) before anyone signs sections 10 and 11.

Donor

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

Signature or mark

S. A. Barber

Date signed or marked

2	1	0	1	2	0	1	6
Day		Month		Year			

If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.

If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.

Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

George Connell

Full name of witness

GEORGE CONNELL

Address

HLW KEEBLE HAWSON LLP
 OLD CATHEDRAL VICARAGE, ST JAMES ROW
 SHEFFIELD

Postcode S1 1XA



For help with this section, see the Guide, part A9.

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Section 10

Signature: certificate provider

Helpline
0300 456 0300



! Only sign this section after the donor has signed section 9



The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

Restrictions - the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

Certificate provider

Title First names

MR	GEORGE
----	--------

Last name

CONNELL

Address

HLW KEEBLE HAWSON LLP
OLD CATHEDRAL VICARAGE, ST JAMES ROW
SHEFFIELD

Postcode S1 1XA

Signature or mark

--

Date signed or marked

21	01	2016
Day	Month	Year

Only valid with the official stamp here.

UNVALIDATED 07.15

LP1F Property and financial affairs (07.15)

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page - make more copies if you need to.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



For help with this section, see the Guide, part A11.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

E. Barker

Date signed or marked

21 01 2016

Day Month Year

Title First names

MR ERNEST STUART

Last name

BARKER

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

George Connell

Full names of witness

GEORGE CONNELL, SOLICITOR

Address

115 Keele, between LLP
Solicitors
Old Cathedral Vicarage
St James' Row

Postcode

Sheffield S1 1XA



Signature: attorney or replacement



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page - make more copies if you need to.



For help with this section, see the Guide, part A11.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Neil Barker

Date signed or marked

21 01 2016

Day Month Year

Title First names

MR NEIL STUART

Last name

BARKER

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

George Connell

Full names of witness

GEORGE CONNELL, SOLICITOR

Address

11th Floor, 100 Old Broad Street
Old Broad Street, 11th Floor
St James' Place
London EC2A 4EJ

Postcode

EC2A 4EJ

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page - make more copies if you need to.



For help with this section, see the Guide, part A11.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

-	-	-	-	-	-	-	-
Day		Month		Year			

Title First names

Last name

Witness

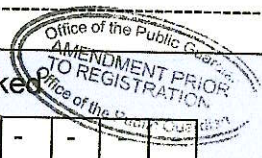
The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode



Section 11

Signature: attorney or replacement

Helpline
0300 456 0300



Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page - make more copies if you need to.



For help with this section, see the Guide, part A11.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark



Date signed or marked

- / - / - - -

Day Month Year

Title First names

Last name

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode