

## **Notice of registration of a Lasting Power of Attorney**

**(property and financial affairs)**

This notice is to confirm registration of a Lasting Power of Attorney.

Case no.	7000-9721-0459
The donor	Mr Simon John Welch
The attorney(s)	Mrs Corinne Dawn Welch Mr Marcus John Welch

**The lasting power of attorney was entered into the register on 20 October 2016**

Registration is confirmed as required in Schedule 1 Part 2 (15) of the Mental Capacity Act 2005 with regard to registration of this LPA.



Office of the  
Public Guardian

Helpline  
0300 456 0300



# 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
Mr	SIMON JOHN
Last name	
WELCH	
Any other names you're known by (optional – eg your married name)	
Date of birth	
1 4	1 1 1 9 5 6
Day	Month Year
Address	
Long Acre Stone Lane Lydiard Millicent	
Swindon	
Postcode	SN53LD
Email address (optional)	

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

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

### For OPG office use only

LPA registration date

2 0	1 0	2 0 1 6
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Day Month Year

OPG reference number

7000-9721-0489
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## Section 2

### The attorneys

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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.



For help with this section, 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.

Title	First names
<input type="text" value="Mrs"/>	<input type="text" value="CORINNE DAWN"/>
Last name (or trust corporation name)	
<input type="text" value="WELCH"/>	
Date of birth	
<input type="text" value="0"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="5"/>
Day	Month Year
Address	
<input type="text" value="Long Acre Stone Lane Lydiard Millicent"/>	
<input type="text" value="Swindon"/>	
<input type="text" value=""/>	
Postcode	<input type="text" value="SN53LD"/>
Email address (optional)	
<input type="text" value=""/>	
<input type="checkbox"/> This attorney is a trust corporation.	

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

Title	First names
<input type="text" value="Mr"/>	<input type="text" value="MARCUS JOHN"/>
Last name	
<input type="text" value="WELCH"/>	
Date of birth	
<input type="text" value="3"/> <input type="text" value="1"/>	<input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="2"/>
Day	Month Year
Address	
<input type="text" value="12 Fownes Street"/>	
<input type="text" value="London"/>	
<input type="text" value=""/>	
Postcode	<input type="text" value="SW11 2TJ"/>
Email address (optional)	
<input type="text" value=""/>	

Office of the Public Guardian  
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Office of the Public Guardian

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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.

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0300 456 0300



☐ 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.



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 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
<input type="text"/>	<input type="text"/>
Last name (or trust corporation name)	
<input type="text"/>	
Date of birth	
<input type="text"/>	<input type="text"/>
Day	Month
<input type="text"/>	<input type="text"/>
Year	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
<input type="checkbox"/> This attorney is a trust corporation.	

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Date of birth	
<input type="text"/>	<input type="text"/>
Day	Month
<input type="text"/>	<input type="text"/>
Year	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

☐ **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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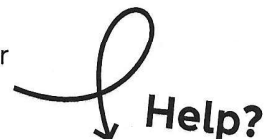


You can allow your attorneys to make decisions:

- 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.



**Help?**

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.

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## 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  
   
Last name  
  
Address  
  
  
  
Postcode

Title First names  
   
Last name  
  
Address  
  
  
  
Postcode

Title First names  
   
Last name  
  
Address  
  
  
  
Postcode

Title First names  
   
Last name  
  
Address  
  
  
  
Postcode

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

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## Section 7

### Preferences and instructions

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#### 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.



**Help?**

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

#### 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.

**Preferences** – use words like 'prefer' and 'would like'

My attorneys that step up to act under this power may have sight of my Will/Codicils if they so wish, but only in the event that I have lost mental capacity. I will meet any reasonable fee charged by my Legal Adviser/GP or other Medical Practitioner in connection with disclosing my Will/Codicils and/or providing medical evidence in respect of the decision to disclose details of my Will/Codicils.

☐ I need more space – use Continuation sheet 2.

#### Instructions

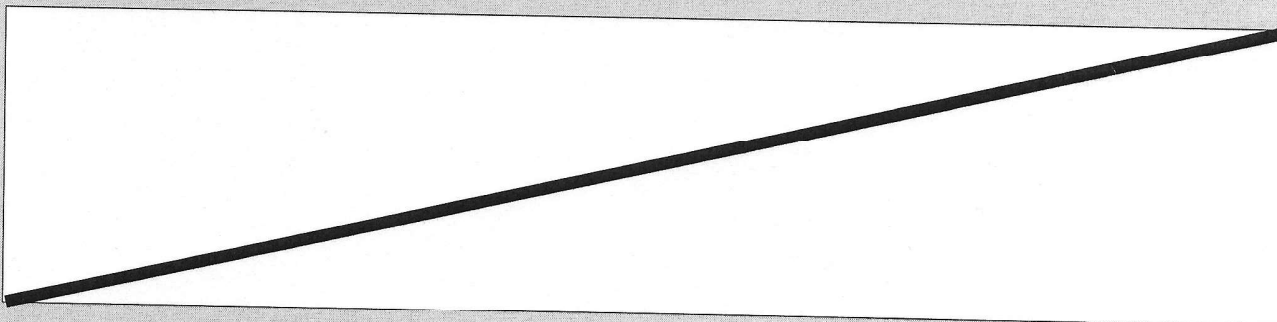
Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.



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'



☐ I need more space – use Continuation sheet 2.

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## Section 8

# Your legal rights and responsibilities

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### **! 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](http://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.

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## 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

*STW*

Date signed or marked

23 08 2016

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

*[Signature]*

Full name of witness

*Adam Holmes*

Address

*17 Bramburth Field  
Wroughton*

Postcode

*SN6 0AL*



Help?

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

ROBERT

Last name

HOLMES

Address

Lime Kiln House Lime Kiln

Swindon

Wiltshire

Postcode SN47HF

Signature or mark

Date signed or marked

23

08

2016

Day

Month

Year

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## 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.



**Help?**

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

23 08 2016

Day Month Year

Title First names

Mrs CORINNE DAWN

Last name

WELCH

#### 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

Adam Holmes

Address

17 Beaulieu Field  
Wroughton

Postcode

SN6 0QL



## 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

23 08 2016

Day Month Year

Title First names

Mr MARCUS JOHN

Last name

WELCH

#### 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

Adam Holmes

Address

17 Bramburgh Field  
Wroughton

Postcode

SN4 0QC



## 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.

**Help?**

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

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## 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

Only valid with the official stamp here.

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