

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

29 06 2016

Day Month Year

Title First names

Mr Robert Victor

Last name

Rutland

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

ADRIENNE YOUNG

Address

TWM Solicitors LLP
SWEETHOUSE
GRAVEL HILL
LEATHERHEAD
SURREY KT22 7HF

I hereby certify this to be a true and complete copy of the corresponding page of the original

Adrienne Young
Solicitor
Sweet House, Gravel Hill, Leatherhead, Surrey, KT22 7HF
01372 374148
LPIF Property and financial affairs (07.15)

Only valid with the official stamp here.