

Enduring Power of Guardianship

This Enduring Power of Guardianship is made under the *Guardianship and Administration Act 1990* Part 9A on the 18TH day of FEBRUARY 20 10

by (appointor's full name) JOSEPH STEVEN BLOGGIS

of (appointor's residential address) 3 SALTER STREET, PERTH WA 6000

born on (appointor's date of birth) 10 SEPTEMBER 1951

This Enduring Power of Guardianship has effect, subject to its terms, at any time I am unable to make reasonable judgments in respect of matters relating to my person.

1 Appointment of enduring guardian(s)

1A Sole enduring guardian

I appoint (appointee's full name) MARY MARTHA BLOGGIS

of (appointee's residential address) 3 SALTER STREET, PERTH WA 6000

to be my enduring guardian.

OR

1B Joint enduring guardians JSB

I appoint (appointee's full name) _____

of (appointee's residential address) _____

and (appointee's full name) _____

of (appointee's residential address) _____

to be my joint enduring guardians.

2 Appointment of substitute enduring guardian(s)

I appoint (appointee's full name) BEVERLEY BLOGGIS

of (appointee's residential address) 5 FORTUNE STREET, BOYA WA 6056

to be my substitute enduring guardian in substitution of

(enduring guardian's name) MARY MARTHA BLOGGIS

~~I appoint (appointee's full name) JSB~~

~~of (appointee's residential address) _____~~

~~to be my substitute enduring guardian in substitution of~~

~~(enduring guardian's name) _____~~

My substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the following circumstances:

If my sole enduring guardian is overseas for periods of three months or more

at any time, my substitute enduring guardian named here is to act in her place.

Signing each page is not compulsory but may provide a safeguard against pages being substituted. Signature of

(appointor) J S Bloggis (witness 1) Arthur Andersson (witness 2) Jack Smith

3 Death of joint enduring guardian

~~3A Surviving joint enduring guardians to act JSB~~

If one or more of my joint enduring guardians die, I want the surviving enduring guardian(s) to act.

OR ~~3B Surviving joint enduring guardians not to act JSB~~

If one or more of my joint enduring guardians die, I do not want the surviving enduring guardian(s) to act.

4 Functions of enduring guardian(s)

Note: An enduring guardian cannot be authorised to make decisions about financial or property matters.

4A All functions authorised

I authorise my enduring guardian(s) to perform in relation to me all of the functions of an enduring guardian, including making all decisions about my health care and lifestyle.

OR ~~4B Only specified functions authorised JSB~~

I authorise my enduring guardian(s) to perform in relation to me only the following functions:

- a decide where I am to live, whether permanently or temporarily
- b decide with whom I am to live
- c decide whether I should work and, if so, any matters related to my working
- d consent, or refuse consent, on my behalf to any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation)
- e decide what education and training I am to receive
- f decide with whom I am to associate
- g commence, defend, conduct or settle on my behalf any legal proceedings except proceedings relating to my property or estate
- h advocate for, and make decisions about, which support services I should have access to
- i seek and receive information on my behalf from any person, body or organisation

~~j _____ JSB~~

~~k _____ JSB~~

Signing each page is not compulsory but may provide a safeguard against pages being substituted. Signature of

(appointor) JS Bloggs (witness 1) Arthur Andersson (witness 2) Jack Smith

5 Circumstances in which enduring guardian(s) may act

My enduring guardian(s) may act only in the following circumstances: JSB

6 Directions about how enduring guardian(s) to perform functions

My enduring guardian(s) is (are) to perform his/her (their) functions in accordance with the following directions:

I would prefer to continue seeing my current GIP, Dr Brown, for my general medical needs as he has been my GIP for many years.

Signed by:

(appointor's signature) J S Bloggs

Witnessed by a person authorised to witness statutory declarations:

(authorised witness's signature) Arthur Andersson

(authorised witness's full name) Arthur Andersson

(authorised witness's address) 10 BANKS ROAD, PERTH WA 6000

(occupation of authorised witness) TEACHER on (date) 18/02/2010

And by another person:

(other witness's signature) Jack Smith

(other witness's full name) JACK SMITH

(other witness's address) 5 SALTER STREET WA 6000

on (date) 18/02/2010

I have made an Advance Health Directive If yes, tick or cross the box

Acceptance of appointment as enduring guardian

I, (name of appointee) MARY MARTHA BLOGGS

accept the appointment as an enduring guardian

(appointee's signature) MM Bloggs on (date) 18/02/2010

Witnessed by a person authorised to witness statutory declarations:

(authorised witness's signature) Arthur Andersson

(authorised witness's full name) Arthur Andersson

(authorised witness's address) 10 BANKS ROAD, PERTH WA 6000

(occupation of authorised witness) TEACHER on (date) 18/02/2010

And by another person:

(other witness's signature) Jack Smith

(other witness's full name) JACK SMITH

(other witness's address) 5 SALTER STREET WA 6000

on (date) 18/02/2010

Acceptance of appointment as enduring guardian

I, (name of appointee) _____

accept the appointment as an enduring guardian

(appointee's signature) _____ on (date) _____

Witnessed by a person authorised to witness statutory declarations:

(authorised witness's signature) _____

(authorised witness's full name) _____

(authorised witness's address) JSB _____

(occupation of authorised witness) _____ on (date) _____

And by another person:

(other witness's signature) _____

(other witness's full name) _____

(other witness's address) _____

on (date) _____

Acceptance of appointment as substitute enduring guardian

I, (name of appointee) BEVERLEY BLOGGS

accept the appointment as substitute enduring guardian

(appointee's signature) B. Bloggs on (date) 18/02/2010

Witnessed by a person authorised to witness statutory declarations:

(authorised witness's signature) Arthur Andersson

(authorised witness's full name) Arthur Andersson

(authorised witness's address) 10 BANKS ROAD, PERTH WA 6000

(occupation of authorised witness) TEACHER on (date) 18/02/2010

And by another person:

(other witness's signature) Jack Smith

(other witness's full name) JACK SMITH

(other witness's address) 5 SALTER STREET WA 6000

on (date) 18/02/2010

Acceptance of appointment as substitute enduring guardian

I, (name of appointee) _____

accept the appointment as substitute enduring guardian

(appointee's signature) _____ on (date) _____

Witnessed by a person authorised to witness statutory declarations:

(authorised witness's signature) _____

(authorised witness's full name) _____

(authorised witness's address) _____ JSB

(occupation of authorised witness) _____ on (date) _____

And by another person:

(other witness's signature) _____

(other witness's full name) _____

(other witness's address) _____

on (date) _____