

PROPERTY EPA OF SALLY MAY SMITH



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Enduring power of attorney in relation to property

Section 94A(2), Protection of Personal and Property Rights Act 1988

1. APPOINTMENT OF ATTORNEY

1.1 I, Sally May Smith, 52 Victoria Avenue, Remuera, Auckland, 1050, Nurse, appoint John Joseph Smith, 52 Victoria Avenue, Remuera, Auckland, 1050, Plumber, and Jay Jay James, 12 Studholme St, Onehunga, Auckland, 1065, Student, to be my attorneys ("my Attorney"), in relation to my property affairs for the purposes of Part 9 of the Protection of Personal and Property Rights Act 1988.

2. PROPERTY AFFAIRS SUBJECT TO ENDURING POWER OF ATTORNEY

2.1 I authorise my Attorney to act on my behalf in relation to all of my property affairs.

3. EXTENT OF ATTORNEY AUTHORITY

3.1 I authorise my Attorney to act on my behalf generally in respect of the property affairs referred to in paragraph 2.1 above.

4. WHEN ENDURING POWER OF ATTORNEY TAKES EFFECT

4.1 I authorise my Attorney to act only if I become mentally incapable.

5. CONDITIONS AND RESTRICTIONS ON ATTORNEY'S POWER

5.1 Considered but not required.

6. JOINT OR SEVERAL AUTHORITY

6.1 My attorneys have several authority to act.

7. APPOINTMENT OF SUCCESSOR ATTORNEY

7.1 If the appointment of any of my attorneys having several authority ceases, I appoint Nicki Jo Brown, 5 Pratt Road, Drury, Auckland, 2579, Teacher, to act as my successor attorney in place of the attorney whose appointment has ceased and is succeeded.

8. ATTORNEY TO CONSULT WITH OTHERS

8.1 When acting on my behalf in relation to my property affairs, in addition to myself, my Attorney must consult, as far as is practicable, with Sarah Jane Smith, 15 Clonbern Road, Remuera, Auckland, Real Estate Agent, in relation to all matters.

9. **EXECUTION OF WILL ON BEHALF OF DONOR**

9.1 I consent to my Attorney executing a will for and on my behalf if I lack the capacity to make a will.

10. **ATTORNEY'S POWER TO BENEFIT SELF AND OTHERS**

10.1 I authorise my Attorney to do the following when acting on my behalf when I am mentally incapable:

- (a) act to the benefit of himself/herself/themselves to the extent that:
 - (i) my Attorney may recover expenses from my property in respect of out-of-pocket expenses (but not for lost wages or remuneration) reasonably incurred by my Attorney
 - (ii) my Attorney may recover from my property professional fees and expenses reasonably incurred by my Attorney who has accepted the appointment in a professional capacity or has done work in a professional capacity to give effect to decisions taken under the enduring power of attorney

10.2 I do not authorise my Attorney to do the following when acting on my behalf when I am mentally incapable:

- (a) make a loan, advance, or other investment of my property that a trustee could make of trust funds under section 13A of the Trustee Act 1956
- (b) take any action in respect of real property (land and buildings) or personal property that we own jointly and not as tenants in common

11. **ATTORNEY TO PROVIDE INFORMATION ON EXERCISE OF POWERS**

11.1 My Attorney must provide the following person(s) with the specified kind(s) of information relating to the exercise of the Attorney's powers under the enduring power of attorney if that person should request it:

- (a) David Bruce Jones, 16 Bradford Street, Parnell, Auckland, Accountant, with yearly audited accounts

12. **ASSESSMENT OF MENTAL CAPACITY**

12.1 Any assessment of my mental capacity for the purposes of Part 9 of the Protection of Personal and Property Rights Act 1988 is to be undertaken by a Registered Health Practitioner with a Geriatric Specialist scope of practice.

SIGNATURES

Donor

I, SALLY MAY SMITH, declare that I am eighteen years of age or older, of sound mind, and that prior to signing this Enduring Power of Attorney I received an explanation of the effects and implications of it and other matters from the person who witnessed my signature.

Donor's Signature: _____

Date Signed: _____

Signed in the presence of:

Donor's Witness

Donor's Witness' Signature: _____

Donor's Witness' Full Name: _____

Donor's Witness' Occupation: _____

Donor's Witness' Location: _____

Attorney

Signed by John Joseph Smith: _____

Signed in the presence of:

Attorney's Witness

Attorney's Witness' Signature: _____

Attorney's Witness' Full Name: _____

Attorney's Witness' Occupation: _____

Attorney's Witness' Location: _____

Attorney

Signed by Jay James James:

Signed in the presence of:

Attorney's Witness

Attorney's Witness' Signature:

Attorney's Witness' Full Name:

Attorney's Witness' Occupation:

Attorney's Witness' Location:

Attorney

Signed by Nicki Jo Brown:

Signed in the presence of:

Attorney's Witness

Attorney's Witness' Signature:

Attorney's Witness' Full Name:

Attorney's Witness' Occupation:

Attorney's Witness' Location:

