

Continuation sheet 3

If the donor cannot sign or mark

Helpline
0300 456 0300



Only fill in this page if the donor cannot sign or make
a mark in section 9 of the lasting power of attorney form

Donor

Full name

Mrs Nancy Garrison

Signatory

You must:

- sign in the donor's presence and in the presence of 2 witnesses
- sign in your own name
- not also be a witness to this LPA
- sign any copies of Continuation Sheet 1 and 2 used in this LPA at the same time

If the LPA is for health and care decisions:

- you must also sign and date either Option A or Option B of Section 5, as directed by the donor
- your signature in Section 5 must be witnessed

Signed as a deed and delivered in the presence of and at the direction of the person giving this lasting power of attorney and in the presence of two witnesses.

Signature or mark

Full name of person signing

Date signed or marked

--	--	--	--	--	--	--	--

Day

Month

Year

Witnesses

Witnesses must **not** be attorneys or replacement attorneys appointed under this LPA and must be aged 18 or over.

Signature or mark of first witness

Full name of first witness

Address of first witness

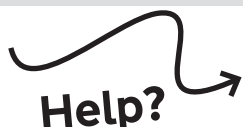
Postcode

Signature or mark of second witness

Full name of second witness

Address of second witness

Postcode



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