



LEGAL CONSOLIDATED BARRISTERS & SOLICITORS

National Law Firm

Head Office

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Nedlands WA 6009

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legalconsolidated.com.au

Your Reference: Medical Power of Attorney
Enquiries: Adj Professor, Dr Brett Davies
Direct Telephone: 1800 141 612
Email: brett@legalconsolidated.com

Wednesday, 14 April 2011

Steven Galanos
28 Ruddick Street
Stuart Park NT 0820
Australia

Build this legal document at
<https://www.legalconsolidated.com.au/medical-power-of-attorney-intro/> -
telephone us, we can help you
complete the questions.

Adj Professor, Dr Brett Davies - Partner

Medical Power of Attorney

Thank you for instructing us to prepare your attached Northern Territory (NT) Medical Power of Attorney - restricted to 'health matters (NT Financial POA).

How to print your document

When you are satisfied that the document is according to your instructions please:

1. Download the PDF (Don't print directly from the browser.)
2. Print the PDF Printer settings: A4 paper
100% scale (turn off 'fit to page')
3. Print single sided (NOT duplex).
4. Once signed keep this covering letter with the document
(However, do not staple the covering letter to the document.)

What is a Medical Power of Attorney?

This document is called an Advance Personal Plan. It is designed to empower you to decide how your future personal, lifestyle and healthcare decisions are made, if you become unable to make those decisions yourself.

Wouldn't my spouse make my decisions for me?

The Medical Power of Attorney gives greater rights. If you wish your spouse, de facto partner, children or others you choose to make your decisions if you become unable, then you should name them as your guardian. If you want it to be someone else, name them instead.

When does the document come into effect?

This document **ONLY** comes into effect when you have lost capacity to make decisions for yourself such as being in an accident. There are no circumstances where it would be used while you are still able to make reasonable judgements about the matters covered by this document.

Get a Doctor's Certificate to say you are of sound mind.

Get a Doctor's Certificate to say you are of sound mind. You must have full legal capacity to sign this document. Ask your doctor to give you a written note to say you are of sound mind. Keep the Doctor's note with the Medical Power of Attorney. Without a Doctor's note your Medical Power of Attorney may not be valid.

What decisions can the person receiving my Medical Power of Attorney make?

The person or persons you have appointed can make personal, lifestyle and health care decisions. Some of these decisions can include your future healthcare and other personal matters.

Does my Power of Attorney have to be lodged or registered anywhere?

A Power of Attorney ("POA") does not need to be lodged at the titles office. Sometimes a bank may wrongly ask for the titles office registration number. Registration at the titles office is not required. One day you may decide to buy or sell land. You may want your POA to do that. Only at that time do you need to lodge your POA at the titles office. Lawyers and the titles office charge for lodging each POA. Different government departments and institutions may require you to hand over your original POA and not return it to you. Therefore, make sure you print off and sign two copies of your POA.

This POA only works in your State. If there are assets in another State, then you need to also build and sign POAs for that State as well.

Does the Power of Attorney need to be stamped?

Your POA is not dutiable. It does not need to be lodged at the local stamp duty office.

Making copies

Don't let the original Medical Power of Attorney out of your hands. Ask whoever needs it to take a copy. They can then "certify" (confirm it is a true copy) the document and keep the copy on file. Get your original document back.

Can the Power of Attorney override your wishes?

By law the POA can only be used by the persons you nominate for your best interests. It can't be used to benefit anyone else. It is not designed to help your spouse or children - it is in place to protect you. The POA can only be used to help you. If you lose confidence in the persons you appoint, then you need to revoke the POA. If the person you appoint does not act in your best interests then both civil and criminal actions may be taken against the person you appoint by you, your family and the government.

Can I revoke a Power of Attorney?

While you are of sound mind you can revoke your POA at any time. If you are of unsound mind then, obviously, you can't make any such decisions. While you are of unsound mind you can't revoke a legal document such as a POA. Your POA is revoked at death. (Conversely, your Will only takes effect at death.) The courts can also revoke your POA.

How do I revoke the Power of Attorney?

Firstly, tear up as many copies (originals and photocopies) as you can get your hands on. Build a Revocation of a Power of Attorney and letter at our website. Complete and sign the revocation and send it registered mail to the persons you have nominated, telling them that the POA is revoked and ask for all copies to be posted back to you (if any). Provided the persons you have nominated received the letter (and you can prove this) then it would be illegal for them to keep using the POA. Criminal sanctions can apply. Also write to all banks and other people that have been presented the POA enclosing a copy of the Revocation. Keep copies of all such letters and the Revocation.

What happens if I separate, divorce or get married?

Changing your status does not affect the POA. You must revoke it, if you no longer want it to operate.

Can the persons I nominate resign?

The persons you appointed can renounce the POA. However, if you are of unsound mind, it is too late for those persons to renounce.

Who can witness my POA?

The 2 witnesses must be present in the room when you sign your POA. The steps are:

1. Find someone who is over 18 years of age and is either:
 - an accountant the chief executive officer of a local government council,
 - health practitioner,
 - social worker,
 - the principal of a Northern Territory school, or
 - a person who is authorised to administer oaths (see the attached list).
2. They are your witness.
3. Attorneys you have appointed must leave the room.
4. Get your witness and yourself in a room with at least 2 identical blue pens. Lock all the doors so that none of you leave the room. If you or either of your witnesses leave the room during the signing process then tear up the POA and print out another copy of the POA and start the POA signing process again.
5. If you or either of your witnesses need reading glasses, then don't sign the POA until you or your witnesses put on those glasses.
6. With a blue pen you sign your POAs. After you have signed your POA both witnesses (WITH THE SAME BLUE PEN) sign the POA. If you signed with different coloured pens (eg a dark blue and a light blue) then tear up the POAs. Print out new POAs and start the process again.
7. Date the POA the date the POA is signed.

8. If you have issues reading English, then let me know. An interpreter may be required.

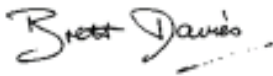
Does my Attorney need one of the original Power of Attorneys?

There is no legal requirement for an attorney to accept your POA in any time frame. An attorney can accept your POA many years later. And if you have appointed more than one attorney they can accept many years apart from each other. They don't need to accept your POA on the same day. Indeed your attorneys may be living outside of Australia in different countries. However, your POA won't come into operation for that attorney until that attorney does sign. But the signing can be done when the POA is actually needed.

Further, there is no legal requirement to hand over one of your original POAs to any of your attorneys. You may, however, wish to do so. At the very least:

1. You should speak to your potential attorneys to make sure they are happy to take on the onerous job of holding the attorney position
2. Let them know where the POA is kept "at my home in my grey filing cabinet and when it is needed you can get the POA and accept it then"
3. You may wish to email them a soft copy and the covering letter that we provide so they can understand how it can be used in the future (it can be signed or unsigned, it is just a soft copy). If they need a hand, later on, they can telephone us for advice.

Yours sincerely,



Adj Professor, Dr Brett Davies, CTA, AIAMA, BJuris, LLB, LLM, MBA, SJD
National Taxation Partner
LEGAL CONSOLIDATED BARRISTERS & SOLICITOR

This is a sample of the document you are building on our law firm's website.

Depending how you answer the questions the document and our letter may be different.

We have a 100% money back guarantee. For any reason you can return the document to us for a full refund.

*Dr Brett Davies
Partner
Legal Consolidated Barristers & Solicitors*



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Who can witness a Northern Territory Medical Power of Attorney?

One authorised witness is required:

This must be by a qualified witness, such as:

- Justice of the Peace
- Commissioner for Oaths
- Solicitor
- Police officer

A JP and police officer witness your POA for free.

Lawyers generally only witness their own POAs. They generally won't witness another lawyer's POA.

We can witness your POA over Skype. See here: <https://www.legalconsolidated.com.au/our-law-firm-witnessing-your-poa-from-anywhere-in-australia/>

Build the legal document at <https://www.legalconsolidated.com.au/medical-power-of-attorney-intro/> – telephone us. We can help you answer the questions.

On our law firm's website, you:

1. Retain legal professional privilege
2. Receive legal advice
3. Get a signed letter on our law firm's letterhead with the legal document
4. We take responsibility for the legal document

Only a law firm provides the above. We also offer a 100% money back guarantee on every document you build.

Adj Professor, Dr Brett Davies - Partner



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Medical Power of Attorney – Northern Territory (Medical Power of Attorney)

Steven Galanos

NORTHERN TERRITORY OF AUSTRALIA

P	A	No:
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IMPORTANT NOTICE
Please Note Privacy Statement Overleaf

POWER OF ATTORNEY

The donor appoints the donee as his or her attorney and authorises him or her to execute all or any instruments that may be necessary for giving effect to any dealing with any property of the donor, including any land, estate or interest of which the donor is or may become the registered proprietor, with such specific additional powers as are set out or referred to on the back of this document.

(NOTES 1 -2)

DONOR OF POWER

Steven Galanos 28 Ruddick Street, Stuart Park NT 0820, Australia

(NOTE 3)

DONEE OF POWER (ATTORNEY)

George Demopoulos of 10 Bremer Drive, Ludmilla NT 0820, Australia

(NOTE 4)

Signed by the donor Steven Galanos on (Date)

In the presence of:

Signature of qualified witness

.....
.....

(NOTE 5)

Who looks after you, when you can't? The government, retirement home or doctors? Should they control your body? Do you trust your family more? If so make an Australian Medical POA.

SPECIMEN
SIGNATURE OF
DONEE

.....
George Demopoulos

(NOTE 6)

SPECIFIC POWERS (NOTE 7)

1. To comply with provisions contained in a memorandum of Common Provisions recorded in the Register as No.....
2. Additional Powers:
None

SCHEDULE OF NOTES

1. This form may be lodged in duplicate. The original must be printed, typed or completed in ink and contain the signatures of all parties and their witnesses, if any, in ink, as shall any duplicate. Alterations to information entered on the form should be crossed out (not erased or obliterated by painting over) and initialled by the parties. This form has been developed taking into account the provisions under the *Powers of Attorney Act*.
2. If there is insufficient space in any panel use the space above or any annexure sheet (Form 95).
3. Insert the donor of the power's full name and an address, which is the service of notices.
4. Insert the Donee of the power's full name and an address, which is the service of notices. If more than one donee state whether severally.
5. Persons who may witness this document are a Commissioner of the Legislative Assembly, a legal practitioner within the meaning of the *Legal Practitioners Act*, a person holding office under the *Supreme Court Act*, the *Justices Act*, the *Registration Act*, a member of the Police Force, a person holding office under the *Agents Licensing Act*, a person holding office as an agent or real estate agent under the *Agents Licensing Act*, a person approved by the Registrar-General.
A witness to an instrument executed by an individual must first:
 - take reasonable steps to ensure that the individual is the person who executed the instrument;
 - have the individual execute the document in the presence of the witness;
 - not be a party to the instrument; and
 - if witnessing more than one signature, clearly state that he or she witnessed each one signature. (ie I have witnessed the two signatures appearing above).After signing, witnesses must legibly write, type or stamp their names and contact address or telephone number below their signature.
For a corporation, an instrument must be executed in a way permitted by law or sealed with the corporation's seal in accordance with the *Law of Property Act*, Section 48.
6. The original shall contain a specimen signature of the donee, except if the donee is specified by reference to a named position. Where the original purports to have been signed by a body corporate, it shall be authenticated by or on behalf of the corporation in a manner permitted by law.
7. A power of attorney may incorporate any common provision contained in a Memorandum of Common Provisions retained by the Registrar, by reference to the provision in a way sufficient to clearly identify it - eg. by reference to the number of the memorandum. If not all the provisions of that memorandum are to apply, the numbers of the provisions that are to apply should be specified.
The Memorandum of Common Provisions are a guide only and may be added to or deleted.

The Guardianship POA allows you to appoint loved ones. If you lose mental capacity then they decide your:

- personal lifestyle
- where you live
- medical treatment

But only if you can't make decisions yourself.

Advance Personal Plan

EXPLANATORY NOTES

Completing an Advance Personal Plan should help you to engage in a discussion with your loved ones about your values and wishes. It will help to provide evidence of these wishes. If difficult decisions need to be made about your care or finances in circumstances where you cannot make these decisions for yourself.

This form has five sections. Sections A and E must be completed in order for the form to be valid. One or all of sections B, C and D can be completed, depending on what you want.

1. [Section A](#) - Your details
2. [Section B](#) - Advance Care Statements about your views, wishes and preferences to be treated in relation to any future health, financial or lifestyle matters
3. [Section C](#) - Legally binding Advance Consent Decision about your preferences
4. [Section D](#) - Appoint decision maker(s) to make decisions on your behalf relevant to your health, financial or lifestyle matters.
5. [Section E](#) - Signing clause

Our power of guardianship protects for the rest of your life:

- *you and the attorneys you appoint are protected by our law firm*
- *read the hints, watch the training videos and speak with us as you build the lifestyle Power of Attorney*

SECTION A: PERSONAL DETAILS

THIS IS A COMPULSORY SECTION

TO MY FAMILY, FRIENDS AND HEALTH-CARE PROVIDERS

I, Steven Galanos

(Print your full name here)

of 28 Ruddick Street Stuart Park,

(Print here the number of your house, name of your street and suburb)

State: NT

(Print here the name of the State where you live)

Postcode: 0820

Born: 14 April 1975

(Print here the date of your birth)

being over the age of eighteen years, who has decision-making capacity, as a guardian appointed under the *Guardianship of Adults Act*, make this Advance Decision my own, with full and free consideration, voluntarily and without coercion or other undue influence.

If at any time I am unable to take part in decisions about my care or welfare, my property or financial affairs, let this document stand as evidence of my wishes and beliefs and/or who I nominate as my decision maker(s).

I request that all who are responsible for my care respect the decisions made in this document.

- unlimited number of updates for the rest of your life for the lifestyle Power of Attorney
- for the rest of your life telephone the law firm anytime for help using lifestyle Power of Attorney.
- your attorneys telephone us for help using lifestyle Power of Attorney

Note: Please seek the assistance of an interpreter if you have trouble understanding the contents and requirements of this form.

SECTION B: ADVANCE CARE STATEMENT

THIS IS NOT A COMPULSORY SECTION

An Advance Care Statement is a statement of your views, wishes and beliefs about how you would like your appointed decision maker(s), health professionals and any other person providing care for you to act.

It is recommended that you discuss this section with your decision maker(s), family or doctor as it is important that anything you write should be readily understood by the people who are supporting and treating you.

1. What gives your life meaning? What do you value most in life? Independence, being on country/at home, being able to work, for

2. a) If nearing death, what are your goals/priorities? What is most important to you? For example, dignity, to be comfortable, and to have my friends and family

b) If nearing death, what is unacceptable to you? What do you NOT want? For example, not wanting particular family or people to visit or see me, being alone

c) Consent to palliative and comfort care so that you can feel better, even though it won't cure you:

Yes, I would like to receive palliation and comfort care

3. Where would you like to die/finish up?

- at home / on country (list location)
 - in hospital or hospice
 - other (please provide details)
-

4. Any other information that may help with medical decisions?

- your POA Guardianship is on a monitoring service, if the POA or legislation change we notify you immediately
- the POA comes with a letter on how to sign and use the medical POA

5. Any cultural or spiritual requests?

6. After death, what is important to you? For example, a ceremonial smoking, or for my body to be returned to my birth country, blessings, cremation, burial etc.

Note to section B, question 5 – if these details of burial/cremation are already provided in your will you do not need to restate them here

SECTION C: ADVANCE CONSENT DECISION

THIS IS NOT A COMPULSORY SECTION

Advance Consent Decisions are legally binding on your health care provider and can include decisions about organ transplants, palliative care, instructions not to be put on life support, or directions about not receiving blood transfusions.

Cardio Pulmonary resuscitation (CPR): refers to medical procedures that restart your heart or breathing if they stop due to severe illness. It usually involves chest compressions, electric shocks to your heart, medications injected into your chest, and a tube being put into your throat to allow a machine to breathe for you.

Included in the cost of your Power of Attorney is free advice for your attorneys. Your attorneys are not alone:

1. If my heart stops and CPR is an option:

Please try to restart my heart or breathing (attempt CPR)

Except if it results in an unacceptable outcome. Refer to what you wrote in 2b above and describe unacceptable outcomes, for example, being in a permanent vegetative state, being permanently disabled, or going home.

Unacceptable outcomes include:

Please allow me to die a natural death. Do not restart my heart or breathing.

- there is information about how to use the POA in our covering letter. The letter comes with the POA.*
- our law firm helps them and shows them how to use the POA. We are always available to them.*

2. Are there specific medical treatments that you DO NOT want?

Artificial feeding/tube feeding:

Renal dialysis:

Blood transfusions;

Other:

3. Do you have any religious or ethical beliefs that may affect your treatment? If yes, describe how your beliefs might affect your treatment:

For example: *'Because of my religious beliefs, I do not want to receive any blood transfusions or organ transplants'*.

Note: It is strongly recommended that before completing this document you discuss your options with your doctor who knows your medical history and views. The doctor will also be able to explain any medical terms that you are unsure about and will confirm that you were able to understand the decisions you have made in the document and that you made those decisions voluntarily. You can also ask your doctor to witness your signature.

Note: It is your legal right to refuse any medical treatment. However, you may not be entitled to insist on receiving a particular treatment (if, for example, your health-care provider's professional opinion is that the treatment would not be of benefit to you).

SECTION D: APPOINT DECISION MAKER(S)

THIS IS NOT A COMPULSORY SECTION

1. Appointment of a decision maker is made by me, the Adult:

(Complete if you wish to appoint a decision maker)

Steven Galanos

(Print your full legal name)

(Print your address)

2.

(a) To appoint as my decision maker:

George Demopoulos

(Print full legal name of decision maker)

10 Bremer Drive, Ludmilla NT 0820, Australia

(Print address of decision maker)

(Email address of your decision maker)

(Mobile

- all matters
- financial matters (including dealing in property)
- personal/health matters
- limited matters (specify)

(Specimen signature of decision maker if appointing for financial matters)

An enduring guardian makes decisions about:

- *where you live, whether permanently or temporarily*
- *who you live with*
- *whether you work*
- *consent to medical & dental treatment*
- *protecting life or 'flicking the switch when in a vegetable like state'*

3. How do you prefer your decision maker(s) to make decisions?

(Tick one box only)

- Severally (any one of them may decide)
- Jointly (unanimously)
- Other or specific circumstances (for example, if one decision maker appoints the other), please list:

Note: You may attach more pages if required. Please number each page.

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Obviously, if you are of sound mind then you make these decisions yourself. The Medical Treatment Decision Maker only starts doing the job when you are of unsound mind.

SECTION E: SIGNING AND WITNESSING

THIS A COMPULSORY SECTION

ADULT MAKING THE ADVANCE PERSONAL PLAN

Steven Galanos

(Print name)

(Adult signs here or, if the adult is unable to sign a person acting on the direction, and in the presence of the adult, must sign)

If you are signing for the adult

I,

(Full name)

am at least eighteen years old and not appointed as a decision maker for the adult.

WITNESS

I,

(Full name)

of

(Address)

A qualified witness

(State qualifications as authorised witness)

certify that the person making this document is who they purport to be, has attained _____ years, appears to understand the nature and effect of the Advance Personal Plan, voluntarily without coercion or other undue influence and that the plan was signed _____ or by their representative, in my presence.

(Witness signs here)

(Insert date)

Please refer to next page for a list of people who are authorised witnesses and are able to witness the making of an Advance Personal Plan

Office use only

	
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Free updates to your Medical Power of Attorney You can update your Medical POA for free. You can update your lifestyle POA as often as you wish for free.

Note: The following people are authorised witnesses and are able to witness the making of an Advance Personal Plan:

- Commissioner for Oaths, including legal practitioners, Justices of the Peace and Police Officers.
- Doctors, Nurses, Pharmacist, Aboriginal and Torres Strait Islander health practice and other health practitioner (as defined in the Health Practitioner Regulation National Law).
- Accountants.
- Chief Executive Officers of Local Government Authorities.
- Social Workers.
- Principals of Northern Territory schools.

Note: You may register your Advance Personal Plan with the Public Trustee for safe keeping without any fee:

Fill out the Application to Register Form

(https://nt.gov.au/data/assets/pdf_file/0017/170432/application-to-register-advance-personal-plan.pdf) and post or email to:

Public Trustee

GPO Box 470

Darwin NT 0801

Phone: (08) 8999 7271

Fax: (08) 8999 7882

agd.publictrustee@nt.gov.au

Note: If your advance personal plan authorises dealings in property it must be registered with the Land Titles Office for any dealings to occur. You must pay the lodgement fee (for details of fees please contact the Land Titles Office on 8999 6520) and the original form must be lodged by mail or in person to at the following:

Land Titles Office

Darwin

GPO Box 3021

Darwin NT 0801

Nichols Place, Corner Cavenagh and

Darwin NT 0800

Phone: (08) 8999 6520

Fax: (08) 8999 6239

AGD.RegistrarGeneral@nt.gov.au

You can build this document here:

<https://www.legalconsolidated.com.au/medical-power-of-attorney-intro/>

Alice Springs

PO Box 8043

Alice Springs NT 0871

Centrepont Building

Corner Gregory Terrace and Hartley Streets

Alice Springs NT 0870

Phone: (08) 8951 5339

Fax: (08) 8951 5340

AGD.RegistrarGeneral@nt.gov.au