Hall&Wilcox

# Enduring power of attorney

of

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## Section 1 Your personal details

*You must fill in your full name and address. Refer to section 1, page 6 of Form 9 - Enduring power of attorney explanatory guide.*

| | |
|---|---|
| Full name | **Rhonda Ann Knyvett** |
| Address | [redacted] |
| Phone number | 0413 688 334 |
| Email | honda.r@hotmail.com |

## Section 2 Your views, wishes and preferences

*Your attorney(s) must consider your views, wishes and preferences when making decisions for you but these are not instructions to your attorney(s).*

*Section 2 allows you to provide information about yourself, including what is most important to you in life now and into the future.*

*Refer to section 2, page 6 of Form 9 - Enduring power of attorney explanatory guide.*

*Cross out this section if you do not want to complete it. If you do complete this section cross out any space in the box that you do not use.*

**This is what I want my attorney(s) to know about me when making decisions for me:**
(eg your views about where you would prefer to live, your healthcare preferences and any other views, wishes and preferences you would like your attorney(s) to know)

Nil.

## Section 3 Your attorney(s)

*This section allows you to appoint one or more attorneys to make decisions for you. You can also choose the types of decisions your attorney(s) can make and how they make these decisions (eg jointly, severally or by a majority).*

*There is no limit on the number of attorneys you can appoint, except that you can only appoint a maximum of four joint attorneys for a matter (ie you can only appoint a maximum of four people who must agree on all decisions). You can set terms on their decision-making powers or provide instructions on how they exercise their powers.*

***You must fill in the name and address of your attorney(s).***

*You can appoint one or more attorneys. Your attorney(s) must:*

- *have capacity to make decisions for the matter they are being appointed for*
- *be 18 years or older*
- *not be a service provider for a residential service if you are a resident there*
- *for a financial matter, not be bankrupt or taking advantage of the laws of bankruptcy*
- *not be your paid carer in the previous three years or your health provider.*

*Note: a paid carer is someone who is paid a fee or wage to care for a person but not someone receiving a carer's pension or benefit.*

*Refer to section 3, pages 7-8 of Form 9 - Enduring power of attorney explanatory guide for information about completing this section.*

**I appoint the person(s) listed below as my attorney(s):** (in no particular order)

| | |
|---|---|
| **Full name** | **Holly Tegan Dahm** |
| Address | [redacted] |
| Phone number | 0401 219 842 |
| Email | hollyteganosborne@hotmail.com |
| **Full name** | **Riki Lee Dahm** |
| Address | [redacted] |
| Phone number | 0424 161 433 |
| Email | rikidahm84@gmail.com |

## What decisions can your attorney(s) make?

***You must complete this part.***

*Use Form 2 - Enduring power of attorney - short form (this form) to appoint:*

- *attorney(s) for personal (including health) matters only*
- *attorney(s) for financial matters only*
- *the same attorney(s) for both personal matters and financial matters.*

*To appoint an attorney(s) for personal (including health) matters and a different attorney(s) for financial matters you should use Form 3 - Enduring power of attorney - long form*

*Refer to section 3, page 9 of Form 9 - Enduring power of attorney explanatory guide*

**I authorise my attorneys to exercise power for:**
*(Tick one box only)*

☐ **personal (including health) matters only**
Personal matters relate to personal or lifestyle decisions. This includes decisions about support services, where and with whom you live, health care and legal matters that do not relate to your financial or property matters.

OR

☐ **financial matters only**
Financial matters relate to your financial or property affairs including paying expenses, making investments, selling property or carrying on a business.

OR

☒ **personal (including health) matters and financial matters.**

## When does your attorney(s)' power begin for financial matters?

*Your attorney(s)' power to make decisions for personal matters begins if and when you do not have capacity to make decisions.*

*If a person is unsure whether you have capacity, they can seek a report from a medical practitioner or declaration from the Queensland Civil and Administrative Tribunal (QCAT) or the Supreme Court.*

*Refer to page 4 of Form 9 - Enduring power of attorney explanatory guide and the Queensland Capacity Assessment Guidelines 2020 for information about capacity to make a decision for a matter.*

*Refer to section 3, page 9 of Form 9 - Enduring power of attorney explanatory guide for information about when your attorney(s)' power for financial mattes will begin.*

If you do not complete this part, your attorney(s)' powers to make decisions about financial matters begins immediately.

**I authorise my attorney(s) to exercise power for financial matters:**
*(Tick one box only)*

☐ when I do not have capacity to make decisions for financial matters

OR

☒ immediately

OR

☐ at this time, or in this circumstance, or on this occasion:
*(You must specify the time, circumstance of occasion)*

## How must your attorney make decisions?

***Only complete this part if you are appointing more than one attorney.***

*Refer to section 3, page 8 of Form 9 - Enduring power of attorney explanatory guide for information about how many attorneys you can appoint.*

*Refer to section 3, pages 10-11 of Form 9 - Enduring power of attorney explanatory guide for information about the options for choosing how your attorneys must make decisions (e.g. jointly, severally, by a majority, successively or alternatively).*

**If you do not complete this part, your attorneys must make decisions jointly.**

**I authorise my attorneys to make decisions:**
*(Tick one box only)*

☐ jointly (all of my attorneys must agree on all decisions)

OR

☐ severally (any one of my attorneys may decide)

OR

☐ by a majority (more than half of my attorneys must agree on all decisions)

OR

☒ other: (eg jointly and severally, or appointing a successive or alternative attorney)
*(If you choose 'other', please specify how you want your attorneys to make decisions)*

I appoint my daughter **Holly Tegan Dahm** and my son-in-law **Riki Lee Dahm** as my attorneys, jointly and severally.

## Terms and instructions for your attorney(s)

This part allows you to provide terms and instructions for your attorney(s). You can provide:

- *general terms and instructions*
- *terms and instructions about who your attorney(s) must notify when exercising a power for personal (including health) matters*
- *terms and instructions about who your attorney(s) must notify when exercising a power for financial matters.*

### Terms and instructions (general terms and instructions)

***Only complete this part if you want to set terms on the exercise of powers by your attorney(s) or provide instructions to your attorney(s) about the exercise of their powers.***

*Refer to section 3, page 12 of Form 9 - Enduring power of attorney explanatory guide about terms and instructions (general terms and instructions).*

*Refer to page 12 of Form 9 - Enduring power of attorney explanatory guide about conflict transactions (eg if you are appointing your spouse as your attorney).*

*Cross out this part if you do not want to complete it. If you do complete this part cross out any space in the box that you do not use.*

*Write the terms and instructions for your attorney(s) here:*

I authorise my attorneys to enter into conflict transactions, even if the transaction is to my detriment. My attorneys must act unanimously when entering into a conflict transaction.

I authorise my attorneys to:

(a) make all decisions in relation to my superannuation death benefits, including making, confirming or revoking a death benefit nomination, regardless of whether the death benefit nomination is in favour of any of my attorneys in whole or in part;

(b) take all actions in relation to any superannuation fund that I am a member of (**Fund**), including but not limited to executing a lump sum and commutation request benefit election form on my behalf (including directing the trustee to pay some or all benefits in the Fund to me as a superannuation lump sum). All benefits that are paid to me must be deposited into my personal bank account; and

(c) to exercise all rights attaching to my shares in any trustee company of any Fund.

For the purposes of this power of attorney:

**Digital Accounts** means, but is not limited to, email accounts, software licenses, social network accounts, social media accounts, file sharing accounts, domain registration accounts, domain name service accounts, bank accounts, investment accounts, tax preparation accounts, web hosting accounts, online stores, affiliate programs, other online accounts which currently exist or may exist as technology develops or any comparable items as technology develops.

**Digital Assets** means records that are created, recorded, transmitted or stored in digital or other intangible form by electronic, magnetic or optical means or any other similar means including but not limited to those which are stored on the blockchain, the cloud or digital devices such as desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones and any similar device which currently exist or may exist as technology develops or such comparable means as technology develops, regardless of the ownership of the physical device on which the digital asset is stored.

I give my attorneys, to the maximum extent permitted by the law, power to:

(a) use, access, modify, control, delete, assign, transfer or dispose of any of my Digital Assets and Digital Accounts;

(b) obtain, access, modify, delete and control my passwords and other electronic credentials associated with my Digital Assets and Digital Accounts; and

(c) login, access, utilise, manage, modify, close, and control any and all of my Digital Assets and Digital Accounts which are stored on the blockchain, the cloud or digital devices such as desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones and any similar device which currently exist or may exist as technology develops or such comparable means as technology develops, regardless of the ownership of the physical device on which the Digital Asset is stored.

## Terms and instructions (notifications for personal (including health) matters)

***If you have appointed one or more attorney(s) for personal (including health) matters, you can nominate one or more people who your attorney(s) must provide information to.***

*Refer to section 3, pages 12-13 of Form 9 - Enduring power of attorney explanatory guide*

***Cross out this part if you do not want to complete it . If you do complete this part cross out any space in the box that you do not use.***

### Who to notify

**My attorney(s) for personal (including health) matters must notify the following person(s) when exercising power for personal (including health) matters in writing:**

☐ me (the principal)

☒ my other current attorney(s)

☐ the nominated person below

Full name _____

Address _____

Phone number _____

Email _____

### What to notify

**My attorney(s) for personal (including health) matters must provide the following to the person(s) nominated above:**

☒ written notice that my attorney(s) intend to begin exercising power for a personal matter (including a health matter) under this enduring power of attorney before exercising the power for the first time

☐ other information: *(Provide details about the information that must be provided including how often your attorney(s) must provide the information)*

## Terms and instructions (notifications for financial matters)

***If you have appointed one or more attorney(s) for financial matters, you can nominate one or more people who your attorney(s) must provide information to.***

*Attorney(s) can be required to provide this information on request or at regular times (eg on an annual or quarterly basis).*

*Refer to section 3, pages 13-14 of Form 9 - Enduring power of attorney explanatory guide.*

***Cross out this part if you do not want to complete it. If you do complete this part cross out any space in the box that you do not use.***

## Who to notify

**My attorney(s) for financial matters must notify the following person(s) when exercising power for financial matters in writing:**

- ☐ me (the principal)
- ☒ my other current attorney(s)
- ☐ the nominated person below

Full name _____

Address _____

Phone number _____

Email _____

## What to notify

**My attorney(s) for financial matters must provide the following to the person(s) nominated above:**

- ☒ written notice that my attorney(s) intend to begin exercising power for financial matters under this enduring power of attorney before exercising the power for the first time
- ☐ all financial records and accounts
- ☐ records relating to transactions above a nominated amount:
  *(You must specify an amount here if you select this option)*
- ☐ records and accounts for all assets including property, investments and vehicles
- ☐ summaries of income, expenditure and assets
- ☐ copies of financial management plans and financial advice obtained
- ☐ other: *(Provide details)*

## When to notify

**My attorney(s) must give the information:**
*(Tick one or more of the boxes below)*

- ☒ on request at any time by the nominated person
- ☐ on a regular timeframe: *(State the timeframe, eg annually on 1 July of each year or quarterly starting on 1 July)*
- ☐ other: *(Provide details)*

## Section 4 Declarations and signatures

### Principal's signature

***As the principal, you must sign this part in front of an eligible witness.***

*Refer to section 4,pages 15-16 of Form 9 - Enduring power of attorney explanatory guide and the Queensland Capacity Assessment Guidelines 2020.*

*An eligible witness must be a:*

- *justice of the peace (JP)*
- *commissioner for declarations*
- *notary public*
- *lawyer.*

*The witness must not be:*

- *the person signing for you*
- *your attorney (e.g. under an enduring power of attorney or advance health directive)*
- *related to you or your attorney*
- *a paid carer or health provider for you (ie your health provider)*

**By signing this document, I confirm that:**

- I am making this enduring power of attorney freely and voluntarily.

**AND**

- I understand the nature and effect of this enduring power of attorney, including:
  - that I may specify or limit my attorney(s)' power and instruct my attorney(s) about the exercise of the power
  - when the power given to my attorney(s) begins
  - that once the power for a matter begins, my attorney(s) will have full control and power to make decisions about the matter, subject to any terms or information included in this enduring power of attorney
  - that I may revoke this enduring power of attorney at any time if I am capable of making another enduring power of attorney giving the same power
  - that the power I am giving to my attorney(s) continues even if I do not have capacity to make decisions about the matter
  - that if I am not capable of revoking the enduring power of attorney, I am unable to effectively oversee the use of the power given to my attorney(s) by this document.

**ONLY SIGN THIS PART IN FRONT OF AN ELIGIBLE WITNESS**

**Principal's signature** _____

Date 13 Mar 2025

**Witness's signature** _____

Date 13 Mar 2025

JUSTICE OF THE PEACE (QUALIFIED) Reg.No.: 104824 DEPT. OF JUSTICE & ATTORNEY-GENERAL

## Person signing for the principal

***If you are physically unable to sign this form, another person who is eligible must sign the form for you.***
*Refer to section 4, page 16 of Form 9 – Enduring power of attorney explanatory guide*

**By signing this document, I confirm that:**

- the principal instructed me to sign this document
- I am 18 years or older
- I am not a witness for this enduring power of attorney
- I am not an attorney of the principal.

Name of person signing for the principal _____

Address _____

Phone number _____

Email _____

**ONLY SIGN THIS PART IN FRONT OF THE PRINCIPAL AND AN ELIGIBLE WITNESS**

**Person signing for the principal signs here** _____

Date _____

**Witness's signature** _____

Date _____

## Witness certificate

*This part must be filled in and signed by an eligible witness at the same time that you sign the enduring power of attorney.*

*INFORMATION FOR THE WITNESS*

*As a witness you are not simply witnessing the principal's signature.*

*You must also be satisfied that the principal appears to have capacity to make the enduring power of attorney.*

*Refer to section 4, page 16 and page 20 of Form 9 - Enduring power of attorney explanatory guide and the Queensland Capacity Assessment Guidelines 2020*

**By signing this document, I certify that:**
*(Tick one box only)*

☒ the principal signed this enduring power of attorney in my presence

**OR**

☐ in my presence, the principal instructed another person to sign this enduring power of attorney for the principal, and that person signed it in my presence and in the presence of the principal.

**AND**

- I am a:
  *(Tick one box only)*

☒ justice of the peace (JP)

☐ commissioner for declarations

☐ lawyer

☐ notary public.

- I am not:
  - the person signing the document for the principal
  - an attorney of the principal
  - a relation of the principal or relation of an attorney of the principal
  - if this enduring power of attorney appoints an attorney for personal (including health) matters, a paid carer or health provider of the principal.
- At the time of making this enduring power of attorney the principal appears to me to have the capacity to make the enduring power of attorney. The principal appears to:
  - understand the nature and effect of this enduring power of attorney
  - be capable of making the enduring power of attorney freely and voluntarily.

This document (including any additional pages) has 14 pages.

**Witness signature** 

**Witness name** Dean Munro (JP Qual).

**Date** 13 Mar 2025

If an interpreter assisted in the preparation of this document or if an interpreter is present when this document is witnessed, complete Form 7 - Interpreter's/translator's statement at www.publications.qld.gov.au

## Section 5 Attorney(s)' acceptance

***Your attorney(s) must sign this section of the original form after you and the witness have signed section 4.***

*It does not matter which order your attorney(s) sign this section.*

*INFORMATION FOR ATTORNEYS*

*An attorney has important duties and obligations.*

*Refer to pages 21-24 'Information for Attorneys' in Form 9 - Enduring power of attorney explanatory guide*

*Note: A paid carer is someone who is paid a fee or wage to care for a person but not someone receiving a carer's pension or benefit*

In signing this enduring power of attorney I accept the appointment in accordance with the terms of this enduring power of attorney and confirm that:

- I have **read** this enduring power of attorney and I understand that I must make decisions and exercise power in accordance with this enduring power of attorney, the *Powers of Attorney Act 1998* and the *Guardianship and Administration Act 2000*.
- I **understand**:
  - in exercising my powers I must apply the general principles and if I exercise powers for health care matters, the health care principles under the Powers of Attorney Act 1998 and the Guardianship and Administration Act 2000
  - the obligations of an attorney under an enduring power of attorney and the consequences of failing to comply with those obligations.
- I **declare** that:
  - I have capacity for the matter that I am appointed for
  - I am 18 years or older
  - I am not a paid carer for the principal and have not been a paid carer for the principal within the previous three (3) years
  - I am not a health provider for the principal
  - I am not a service provider for a residential service where the principal is a resident
  - if I am appointed for financial matters, I am not bankrupt or taking advantage of the laws of bankruptcy as a debtor under the *Bankruptcy Act 1966* (Cth) or a similar law of a foreign jurisdiction.

Attorney's signature _____

Full name **Holly Tegan Dahm** Date 13/3/2025

Attorney's signature _____

Full name **Riki Lee Dahm** Date 13/3/2025

## Section 6 What to do with your completed enduring power of attorney

You are not required to register this enduring power of attorney anywhere.

You should:

- keep the original in a safe place
- give a certified copy to your attorney(s), doctor, other health provider(s), bank or lawyer
- if your attorney(s) wish to deal with land in Queensland on your behalf, register your enduring power of attorney with the Queensland Titles Registry by lodging Form 16 - Request to register power of attorney together with a single-sided certified copy of the enduring power of attorney
- notify your close family and friends that you have made an enduring power of attorney and where to find the document
- review your enduring power of attorney if your personal circumstances change.

Refer to 'Further information' on pages 18-19 of Form 9 - Enduring power of attorney explanatory guide for how to make a certified copy.

### My Health Record

If you wish your document to be in My Health Record you can upload it via the My Health Record website at www.myhealthrecord.gov.au. Your document will be valid regardless of whether it is uploaded.

### Office of Advance Care Planning

You are able to have your enduring power of attorney uploaded to your Queensland Health electronic record. To do this, send a copy of your document to the Office of Advance Care Planning. This way it will be easily available to authorised clinicians involved in your care when it is required. A copy of your documents can be sent to the Office of Advance Care Planning at acp@health.qld.gov.au, PO Box 2274, Runcorn, Queensland 4113 or fax 1300 008 227.