

# newportlaw

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Our Ref: ALLISON PATEN  
Your Ref:

### FACSIMILE TRANSMISSION

Date: 7<sup>th</sup> December 2006

To: PITTWATER COUNCIL - ATTENTION: HEATH McNABB

Fax No: 9970 1648

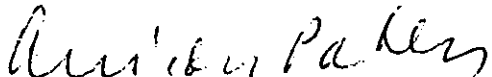
Re: CAROLE & HENRY BOIS DE CHESNE

No. Of Pages Including Cover Sheet: 7

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We enclose Powers of Attorney in relation to the above clients.

Yours faithfully  
F.J. Smith & Co.



SCANNED  
11 DEC 2006  
PITTWATER COUNCIL

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# GENERAL POWER OF ATTORNEY

## Part 1 - General

**THIS POWER OF ATTORNEY** is made on the 11<sup>th</sup> day of September 2006

by **HENRY CHARLES YVES THEODORE BOIS DE CHESNE** (the principal)  
(name)

of 182 Riverview Road Clareville NSW

1. (a) I appoint **ALLISON FRANCES PATEN**  
(name)

of suite 2 57-59 Foamcrest Avenue Newport NSW

to be my attorney(s). My attorney may exercise the authority conferred on my attorney by part 2 of the Powers of Attorney Act 2003 to do on my behalf anything I may lawfully authorise an attorney to do. My attorney's authority is subject to any additional details specified in Part 2 of this document.

2. ~~I give this power of attorney with the intention that it will continue to be effective if I lack capacity through loss of mental capacity after its execution.~~

(\* You can cross out clause 2 if you do not want it to apply. If you want clause 2 to apply, then you need to see a solicitor, barrister, registrar of a Local Court or other prescribed witness referred to in section 19 of the Powers of Attorney Act 2003 who must complete the certificate that is required under that section.)

3. This power of attorney operates:

- immediately
- ~~• when my attorney accepts (or as each of my attorneys accept) the appointment.~~
- ~~• on and from \_\_\_\_\_ up to and including (specify date)~~
- ~~• when my attorney considers that I need assistance managing my affairs~~
- ~~• other~~

(\*If you include clause 2 above, the power of attorney will not operate to confer any authority on an attorney until the attorney accepts the power of attorney by signing this document.)

(\*Cross out the options that you do not want.)

If no option is selected or the options chosen are unclear or inconsistent, I intend that the power of attorney will operate immediately or, if clause 2 is not crossed out, when my attorney accepts, or as each of my attorneys accept, the appointment.

4. If I appoint more than one attorney, then I appoint them jointly and severally.

(\*Cross out "and severally" if you want your power of attorney to operate only when both attorneys act together and are both living.  
You should get legal advice on changing this clause).

## Part 2 - Additional powers and restrictions

~~5. I authorise my attorney to give reasonable gifts as provided by section 11(2) of the Powers of Attorney Act 2003.~~

(\* Cross out if you do not want to confer this authority.)

~~6. I authorise my attorney to confer benefits on the attorney to meet the attorney's reasonable living and medical expenses as provided by section 12 (e) of the Powers of Attorney Act 2003.~~

(\* Cross out if you do not want to confer this authority.)

~~7. I authorise my attorney to confer benefits on~~

(name of third party)

(address)

(name of third party)

(address)

*[Handwritten initials]*

~~to meet their reasonable living and medical expenses as provided by section 13 (a) of the Powers of Attorney Act 2003.~~

(\* Cross out if you do not want to confer this authority.)

8. This power of attorney is subject to the following conditions and limitations:

(Specify conditions and/or limitations)

(\*Cross out if you do not want to add conditions or limitations).

Signed, sealed and delivered by

*[Handwritten signature]*  
.....  
(principal's signature)

In the presence of

*STEPHEN ANTHONY SMITH*  
.....  
(witness's name)

*[Handwritten signature]*  
.....  
(witness's signature)

*2157-59 FOAM CREST AVE*  
.....  
(witness's address) *NEWPORT 2100*

***Certificate under section 19 of the  
Powers of Attorney Act 2003***

*(This certificate is to be completed only if clause 2 is retained and you want to create an enduring power of attorney.)*

I, **STEPHEN ANTHONY SMITH**

of **Suite 2 57-59 Foamcrest Avenue, Newport Beach NSW 2106**

certify the following:

- 1. I explained the effect of this power of attorney to the principal before it was signed.
- 2. The principal appeared to understand the effect of this power of attorney.
- 3. I am a prescribed witness.
- 4. I am not an attorney under this Power of Attorney.
- 5. I have witnessed the signature of this power of attorney by the principal.

Dated .....

.....  
\* solicitor

**Acceptance by attorney**

(To be used for enduring powers of attorney only. It must be signed before the power of attorney can be used by the attorney.)

I accept my appointment as an attorney under this enduring power of attorney.

*Amir'ou Pabery*  
.....  
(attorney's signature)

.....  
(attorney's signature)

*11th September 2006*  
.....  
(dated)

.....  
(dated)

**LODGED BY:**

**Delivery Box Number:**