

ENDURING POWER OF ATTORNEY (MEDICAL TREATMENT)

THIS ENDURING POWER OF ATTORNEY is given on the twentieth day of August 2004 by PETER EDWARD THOMAS of 14 Orange Street Carlton in the State of Victoria under section 5A of the Medical Treatment Act 1988.

1. I APPOINT JOHN AXEXANDER SMITH of 140 Black Road Armadale in the State of Victoria to be my agent [*and JOHN DAVID JONES of 1 Commercial Road Windsor in the State of Victoria to be my alternate agent*].
2. I authorise my agent [*or, if applicable my alternate agent,*] to make decisions about medical treatment on my behalf.
3. I REVOKE all other enduring powers of attorney (medical treatment) previously given by me.

SIGNED SEALED AND DELIVERED by _____

We, _____ (*witness 1*) _____ and _____ (*witness 2*) _____ each believe that PETER EDWARD THOMAS in making this enduring power of attorney (medical treatment) is of sound mind and understands the import of this document.

Witnessed by _____	_____
(signature)	(signature)
_____	_____
(full name)	(full name)
_____	_____
(address)	(address)
_____	_____
(address)	(address)
_____	_____
(qualification)	(qualification)

NOTE: Section 5A(2)(a) requires at least one of the witnesses to this instrument to be a person authorised by law to take and receive statutory declarations.