



**THE CHARTERED INSTITUTE OF LEGAL EXECUTIVES**  
**UNIT 15 – PRACTICE OF LAW FOR THE ELDERLY CLIENT\***

**Time allowed: 1 hour and 30 minutes plus 15 minutes reading time**

**Instructions to Candidates**

- You have been provided with a clean copy of the case study materials for you to use in this examination.
- You have **FIFTEEN** minutes to read through this question paper and the case study materials before the start of the examination.
- **It is strongly recommended that you use the reading time to read the question paper fully.** However, you may make notes on the paper or in your answer booklet during this time if you wish.
- **All questions are compulsory. You must answer ALL the questions.**
- Write in full sentences – a yes or no answer will earn no marks.
- Candidates must comply with the CILEX Examination Regulations.
- Full reasoning must be shown in answers. Statutory authorities, decided cases and examples should be used where appropriate.

**Information for Candidates**

- The mark allocation for each question and part question is given and you are advised to take this into account in planning your work.
- Write in blue or black ink or ball point pen.
- Attention should be paid to clear, neat handwriting and tidy alterations.
- Complete all rough work in your answer booklet. Cross through any work you do not want marked.

**Do not turn over this page until instructed by the Invigilator.**

\* This unit is a component of the following CILEX qualifications: **LEVEL 3 CERTIFICATE IN LAW AND PRACTICE**, **LEVEL 3 PROFESSIONAL DIPLOMA IN LAW AND PRACTICE**

### Question 1

Reference: Question relates to **Documents 1 and 2** of the case study materials.

- (a) Explain how Indira Singh could use her home as security to raise money by the following methods:
- (i) Equity release schemes. **(7 marks)**
  - (ii) Home reversion plans. **(6 marks)**
- (b) Explain to what extent you can advise Indira Singh about selecting a suitable method of raising money by using her home as security. **(5 marks)**
- (c) Identify what local authority assistance may be available to Indira Singh to make modifications to her house to enable her to continue living there and explain the qualifying criteria. **(5 marks)**

**(Total: 23 marks)**

## Question 2

Reference: Question relates to **Documents 1 and 3** of the case materials.

**Attachment: Document A** (Lasting power of attorney for health and welfare).

Nancy Gallagher telephones and instructs you to prepare a lasting power of attorney for health and welfare as you discussed.

- (a) Using the blank form provided and the information contained in **Documents 1 and 3**, fill in, as far as you can, the lasting power of attorney for health and welfare.

**(9 marks)**

**Important: Write your candidate number clearly on Document A and attach it securely to the inside of your answer booklet.**

- (b) Draft the contents only of a letter sending the draft lasting power of attorney for health and welfare to Nancy Gallagher;

- (i) asking for any outstanding information,

**(3 marks)**

- (ii) outlining the procedure for signing and registering the document.

**(7 marks)**

**(Total: 19 marks)**

### Question 3

Reference: Question relates to the **additional information** on this page  
**Document 3** of the case study materials.

#### **Additional Information**

Following your letter, Nancy Gallagher responds by asking at what stage her attorneys can make decisions about her health and welfare on her behalf, and what is meant by an advance decision.

(a) By reference to the Mental Capacity Act 2005 explain the test used to decide if a person lacks capacity and when Nancy's attorneys may make such decisions.

**(6 marks)**

(b) Explain the following:

(i) What is meant by an advance decision.

**(5 marks)**

(ii) The relationship between an advance decision and a health and welfare lasting power of attorney.

**(3 marks)**

**(Total: 14 marks)**

### Question 4

Reference: Question relates to **Documents 1, 4 and 5** of the case study materials.

(a) Explain to Ronald Buckley how his personal pension fund will be used to provide him with an income.

**(4 marks)**

(b) Advise Ronald Buckley upon the ways in which he could reduce any inheritance tax liability on his estate by benefitting his family during his lifetime and the factors he should take into account.

**(10 marks)**

**(Total: 14 marks)**

**DOCUMENT A**

**Lasting power of attorney for health and welfare  
to be used with question 2(a)**

**Part A Declaration by the person who is giving this lasting power of attorney**

Please write clearly using black or blue ink.

**1 About the person who is giving this lasting power of attorney**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other title <input type="text"/>	Address and postcode
First names <input type="text"/>					<input type="text"/>
Last name <input type="text"/>					
Date of birth <input type="text"/>					Postcode <input type="text"/>
					Any other names you are known by in medical records or welfare records <input type="text"/>

**2 About the attorneys you are appointing**

**Thinking about your attorneys**

- You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.
- Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for health and welfare.


**Your first or only attorney**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other title <input type="text"/>
First names of your first or only attorney <input type="text"/>				
Last name of your first or only attorney <input type="text"/>				
Date of birth of your first or only attorney <input type="text"/>				
Address and postcode of your first or only attorney <input type="text"/>				
Postcode <input type="text"/>				

**Your second attorney**

Please cross through this section if it does not apply.

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other title <input type="text"/>
First names of your second attorney <input type="text"/>				
Last name of your second attorney <input type="text"/>				
Date of birth of your second attorney <input type="text"/>				
Address and postcode of your second attorney <input type="text"/>				
Postcode <input type="text"/>				

 If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.

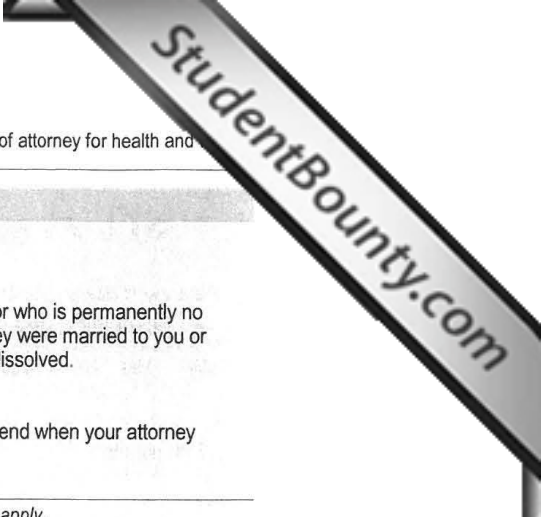
**Other attorneys you are appointing**

Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney

Cross through this box if this does not apply

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**3 About appointing replacements if an attorney can no longer act**

**Thinking about replacement attorneys**

- Replacement attorneys will only act once your attorney can no longer act for you.
- You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved.
- You do not have to appoint any replacements.
- If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act.

**Your first or only replacement attorney** *Please cross through this section if it does not apply.*

Mr Mrs Ms Miss Other title

Date of birth of your first or only replacement

D | D | M | M | Y | Y | Y | Y

First names of your first or only replacement

Address and postcode of your first or only replacement

Postcode

Last name of your first or only replacement

**If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.**

**Other replacement attorneys you are appointing**

Number of replacement attorneys named in continuation sheet **A1** attached to this lasting power of attorney

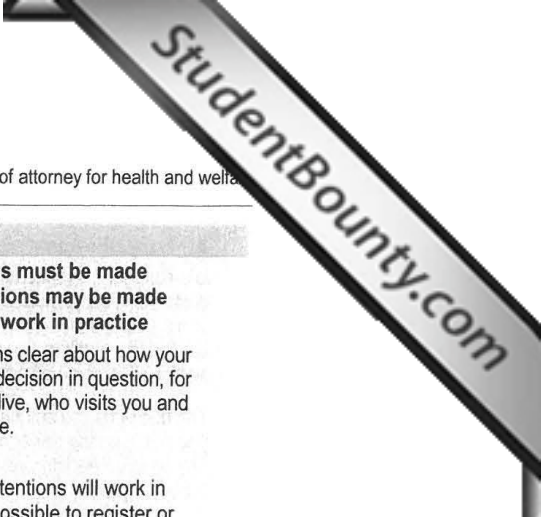
*Cross through this box if this does not apply*

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LPA HW/4



**4 How you want your attorneys to make decisions**

**Thinking about how you want your attorneys to make decisions**

**!** If you leave this section blank, your attorneys will be appointed to make all decisions jointly.

- **Jointly:** this means that the attorneys must **make all decisions together**. ⇒ For further information on appointing your attorneys jointly, see the separate guidance.
- **Jointly and severally:** this means that attorneys can **make decisions together and separately**. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.
- **Jointly for some decisions, and jointly and severally for other decisions:** this means that your attorneys **must make certain decisions together** and may make **certain decisions separately**. You will need to set out below how you want this to work in practice.

**Choosing which decisions must be made together and which decisions may be made separately - how this will work in practice**

- Please make your intentions clear about how your attorneys are to make the decision in question, for example about where you live, who visits you and the type of care you receive.
- Please check that your intentions will work in practice - it may not be possible to register or use this lasting power of attorney if they are not workable. Please read the separate guidance for examples that will not work in practice.

**How you want your attorneys to make decisions**

**If you are appointing only one attorney and no replacement attorneys, now go to section 5 ⇒**

Jointly  ⇒ Go to section 5 and cross through the box below

Jointly and severally  ⇒ Go to section 5 and cross through the box below

Jointly for some decisions, and jointly and severally for other decisions

**Only if you have ticked the last box above, now tell us in the space below which decisions your attorneys must make jointly and which decisions may be made jointly and severally**

[Large empty box for detailing decision-making preferences]

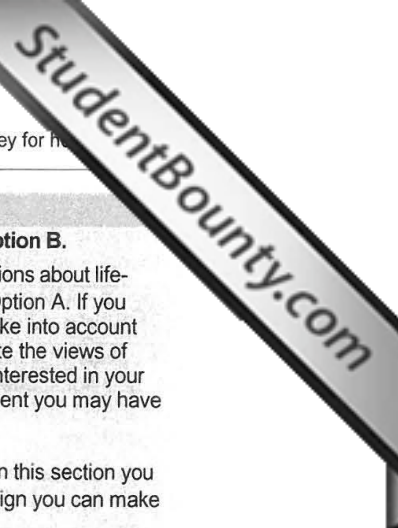
If you need more space, use continuation sheet A2

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LPA HW/5



**5 About life-sustaining treatment**

Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life-sustaining will depend on the specific situation. Some treatments will be life-sustaining in some situations but not in others.

The decisions you authorise your attorneys to make for you in this lasting power of attorney take the place of any advance decision you have already made on the same subject.

You must be clear whether or not you want to give your attorneys this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your attorneys or doctors and health professionals.

**You must choose Option A OR Option B.**

Your attorneys can **only** make decisions about life-sustaining treatment if you choose Option A. If you choose Option B, your doctors will take into account where it is practicable and appropriate the views of your attorneys and people who are interested in your welfare as well as any written statement you may have made.

When you make your choice and sign this section you **must** have a witness. If you cannot sign you can make a mark instead.

**If you cannot sign or make a mark use continuation sheet A3:HW**

- someone else **must** sign for you at your direction.
- they must sign in your presence **and** in the presence of **two witnesses**.

**Option A**

! Do not sign both boxes

**I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.**

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---

! The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

**Option B**

! Do not sign both boxes

**I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.**

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---

! The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

- Who can be a witness**
- You must be 18 or over.
  - You **cannot** be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
  - If you have been asked to be the certificate provider at part B, you can be a witness at part A.
  - A person to be told when the application to register this lasting power of attorney is made can be a witness.

**Witnessed by**

Signature of witness

Full names of witness

Address and postcode of witness

Postcode

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**6 About restrictions and conditions**

**Putting restrictions and conditions into words**

- You should read the separate guidance for examples of conditions and restrictions that will not work in practice.
- Your attorneys **must** follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable.
- **Either:** give any restrictions and conditions about health and welfare here.
- **Or:** if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.

**Restrictions and conditions about health and welfare**


 *If you need more space, use continuation sheet A2*

**7 About guidance to your attorneys**

**Putting guidance into words**

- Any guidance you add may help your attorneys to identify your views. You do not have to add any.
- Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.
- **Either:** Give any guidance about health and welfare here.
- **Or:** if you have no guidance to add, please cross through this box.

**Guidance to your attorneys about health and welfare**


 *If you need more space, use continuation sheet A2*

**8 About paying your attorneys**

**Professional charges**

- Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You **should** discuss payment with your attorneys and record any agreement made here to avoid any confusion later.
- You can choose to pay non-professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses

**Charges for services**

 *If you need more space, use continuation sheet A2*

*For further information on paying attorneys, please see the separate guidance.*

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**9 About people to be told when the application to register this lasting power of attorney is made**

**Thinking about people to be told**

- For your protection you can choose up to **five people to be told** when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.

**! You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.**

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

**The first or only person to be told**

*Please cross through this section if it does not apply.*

Mr Mrs Ms Miss Other title

First names of first or only person to be told

Last name of first or only person to be told

Address and postcode of first or only person to be told

Postcode

**The second person to be told**

*Please cross through this section if it does not apply.*

Mr Mrs Ms Miss Other title

First names of second person to be told


Last name of second person to be told

Address and postcode of second person to be told

Postcode

**Other people to be told**

*Please cross through this section if it does not apply*

 **Tell us about other people to be told on continuation sheet A1.**

Number of other people to be told named in continuation sheet **A1** attached to this lasting power of attorney

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**10 Declaration by the person who is giving this lasting power of attorney**

**Before signing please check that you have:**

- filled in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filled in any continuation sheets
- crossed through any mistakes you have made
- initialled any changes you have made.

**No changes may be made** to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

**By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:**

**Statement of understanding**

I have read or had read to me:

- the section called 'Information you must read' on page 2
- all information contained in part A and any continuation sheets to part A of this lasting power of attorney.

I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting power of attorney and to the provisions of the Mental Capacity Act 2005.

**Statement about life-sustaining treatment**

I have chosen Option A or Option B about life-sustaining treatment in section 5 of this lasting power of attorney.


**People to be told when the application to register this lasting power of attorney is made**

I have chosen the people to be told, and have chosen **one** person to sign the certificate of understanding at part B.

**OR**

I do not want anyone to be told, and have chosen **two** people to sign certificates of understanding at part B.


**If you cannot sign** this lasting power of attorney you can make a mark instead.

 **If you cannot sign or make a mark use continuation sheet A3:HW** ➔

**Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed**

Date signed or marked

D		M		Y		Y
---	--	---	--	---	--	---

 **Sign (or mark) and date**


- section 5 (Option A or Option B), and
- each continuation sheet

at the same time as you sign (or mark) part A here.

**You must sign (or mark) and date part A here before parts B and C are signed and dated.**

**The witness should be independent of you and:**

- Must be 18 or over.
- **Cannot** be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney.
- Can be a certificate provider at part B.
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in part A.

 **Sign section 5 (witnessing Option A or Option B) at the same time as you sign part A here.**

**Witnessed by**

Signature of witness

Full names of witness

Address and postcode of witness

Postcode	_ _ _ _ _ _ _

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