

Supplement 16 – Lasting Power of Attorney (page 1)

<b>First Testator</b>	<b>Title</b>														
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<b>Second Testator</b>	<b>Title</b>														
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<b>Surname</b>															
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<b>Surname</b>															
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<b>Forename</b>															
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<b>Forename</b>															
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<b>Other Name</b>															
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<b>Other Name</b>															
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<b>Maiden name if applicable</b>															
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- Further client details only required if instruction is for LPAs only

<b>Address</b>															
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														<b>Postcode</b>					
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<b>Email</b>																				
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<b>Phone</b>																				
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<b>Date of Birth</b>															
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<b>Date of Birth</b>															
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<b>Testator 1 - Property and Affairs</b>	<b>YES / NO</b>
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<b>Is the LPA to be Registered</b>	<b>YES / NO</b>
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<b>Testator 1 - Welfare and Health</b>	<b>YES / NO</b>
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<b>Is the LPA to be Registered</b>	<b>YES / NO</b>
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<b>Testator 2 - Property and Affairs</b>	<b>YES / NO</b>
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<b>Is the LPA to be Registered</b>	<b>YES / NO</b>
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<b>Testator 2 - Welfare and Health</b>	<b>YES / NO</b>
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<b>Is the LPA to be Registered</b>	<b>YES / NO</b>
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Do you wish to include Life Sustaining Treatment Decisions? (Welfare and Health LPAs only)

<b>Testator 1</b>	<b>YES / NO</b>
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<b>Testator 2</b>	<b>YES / NO</b>
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<b>If the LPAs are to be registered, is the donor registering the power themselves?</b>	<b>YES / NO</b>
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<b>If NO, which of the attorneys is registering the power:</b>	
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Attorneys' Details

<b>Attorney's Title</b>																				
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<b>Address</b>																				
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<b>Postcode</b>																				
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<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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<b>Occupation</b>																				
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<b>Date of Birth</b>															
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<b>Telephone No.</b>																				
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<b>Email</b>																				
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<b>Attorney's Title</b>																				
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<b>Address</b>																				
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<b>Postcode</b>																				
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<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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Supplement 16 – Lasting Power of Attorney (page 2)

Client Surname		First Names	
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Attorneys to act:	Together	YES / NO	Together and Independently	YES / NO
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Together in some matters and independently in others (if YES, please explain in 'notes')	YES / NO
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NB. If Attorneys are to act together and one is subsequently unable to act, the LPA may be invalid

Notes:

Are Attorneys to be paid?	YES / NO	If YES, Please provide details below
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Details of payment:

Reserve Attorneys

Attorney's Title		Name	
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Address	
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Postcode		To act for:	1 <sup>st</sup> Testator / 2 <sup>nd</sup> Testator / Both
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Occupation		Date of Birth	
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Telephone No.		Email	
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Attorney's Title		Name	
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Address	
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Postcode		To act for:	1 <sup>st</sup> Testator / 2 <sup>nd</sup> Testator / Both
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Occupation		Date of Birth	
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Telephone No.		Email	
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Restrictions and Conditions to be placed on Attorneys (if any) i.e. can only deal with certain property or make certain decisions

Guidance notes for Attorneys (if any) N.B. Only wishes – not legally binding

Supplement 16 – Lasting Power of Attorney (page 3)

<b>Client Surname</b>		<b>First Names</b>	
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Please list the persons to be notified when the LPA is registered; they must not be Attorneys - up to five persons may be nominated but one is sufficient. Please complete in all cases.

<b>Name</b>	
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<b>Address</b>	
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<b>Postcode</b>		<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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<b>Name</b>	
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<b>Address</b>	
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<b>Postcode</b>		<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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<b>Name</b>	
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<b>Address</b>	
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<b>Postcode</b>		<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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<b>Name</b>	
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<b>Address</b>	
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<b>Postcode</b>		<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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<b>Name</b>	
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<b>Address</b>	
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<b>Postcode</b>		<b>To act for:</b>	<b>1<sup>st</sup> Testator / 2<sup>nd</sup> Testator / Both</b>
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<b>Certificate Provider</b>	<b>Adviser/IFA</b>	<b>YES / NO</b>	<b>If NO, please nominate other provider below</b>
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<b>Providers details:</b>
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<b>Details of payment to the provider:</b>	
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- Goodwills Legal Services Limited recommend that Lasting Powers of Attorney are registered with the Office of the Public Guardian, particularly the Welfare & Health LPA for the elderly or infirm

I/We confirm that the registration process has been discussed with me/us

Date

Date