LASTING POWER OF ATTORNEY QUESTIONNAIRE

We look forward to meeting you and to discussing your Lasting Power of Attorney with you.

It would be helpful if you would complete this questionnaire as far as possible and e-mail, fax or post it to us in advance of your meeting.

All information will be treated in the strictest confidence.



**CP Law Solicitors**

**2 Anvil Court**

**50 Denmark Street**

**Wokingham**

**Berkshire RG40 2BB**

**Tel: 0345 241 3100**

**privateclient@cplaw.co.uk**

**shamitr@cplaw.co.uk**

|  |
| --- |
| **DONOR’S DETAILS**(Your Details) |
| Your Full Name as shown on your Passport |  |
| Any Other Names you are known by |  |
| Address |  |
| Date of Birth |  |
| Telephone |  |
| E-mail |  |
| There are two types of Lasting Powers of Attorney (“LPA”), Health and Welfare or Property and Finance.The Property and Finance LPA allows you to appoint attorneys to assist with decisions regarding buying and selling your house, dealing with your tax affairs, operating your bank accounts and claiming benefits on your behalf.The Health and Welfare LPA allows you to appoint attorneys to make decisions relating to your living accommodation and care, your medical treatment and day-to-day matters such as your diet and how you dress in the circumstance of you losing the capacity to make such decisions yourself. |
| **TYPE OF LASTING POWERS OF ATTORNEY YOU WISH TO MAKE:**  |
| Property and Finance  |  Yes / No |
| Health and Welfare |  Yes / No |
| Please consider the following when choosing you attorney(s):* They must be over the age of 18.
* They cannot be bankrupt if making an LPA for Property and Finance.
* If you are appointing more than one attorney, please consider whether they will be able to agree and get on well.
* They can be family members, friends or your professional adviser.
 |
| **ATTORNEY’S DETAILS** |
| FIRST ATTORNEY |  |
| Full Name |  |
| Address |  |
| Telephone no |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
|  |  |
| **SECOND ATTORNEY** |  |
| Full Name  |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
|  |
| **THIRD ATTORNEY** |  |
| Full Name |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
|  |
| **FOURTH ATTORNEY** |  |
| Full Name |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
| A replacement attorney will step in if you original attorney(s) are unable or unwilling to act such as in the event that they have predeceased you or lost mental capacity themselves. You do not need to appoint replacements. |
| **FIRST REPLACEMENT ATTORNEY** |  |
| Full Name |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
|  |
| **SECOND REPLACEMENT ATTORNEY**  |  |
| Full Name |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
|  |
| **THIRD REPLACEMENT ATTORNEY**  |  |
| Full Name |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
|  |
| **FOURTH REPLACEMENT ATTORNEY** |  |
| Full Name |  |
| Address |  |
| Telephone no. |  |
| E-mail |  |
| Occupation |  |
| Date of Birth |  |
| Relationship to you |  |
| You can choose how your attorneys can make decisions, whether you wish for decisions to be made by your attorneys individually or whether you wish for them to agree on some or all decisions before they are made.Jointly and SeverallyAttorneys can make decisions on their own or together. Attorneys can get together to make important decisions together if they wish, but can make simple or urgent decisions on their own. It also means if one of the attorneys dies or can no longer act, your LPA will still be in effect.JointlyAttorneys must agree unanimously on every decision, however big or small. It does mean that some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys cannot agree then they can only make that decision by going to court. It also means if one attorney dies or becomes unable to act then all your attorneys cannot act. Attorneys appointed as jointly are considered as a single unit and therefore your LPA will stop working unless you appoint at least one replacement attorney.Jointly for Some and Severally for OthersAttorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list all decisions you would like to be made jointly and they must agree unanimously or they will have to go to court. If one of your attorneys dies or is unable to act, your LPA will stop working for the decisions you would like to be made as jointly unless you appoint at least one replacement attorney. |
| **DECISION MAKING** |
| **How do you want to appoint your Attorneys**  | Jointly | Jointly & Severally | Joint for some decisions and severally for others – please specify |
| **Restrictions or guidance for attorneys- please specify** |  |
| This section is optional. You can choose to let people know that you are going to register your LPA and they can raise any concerns they may have such as fraud or if they believe there was any pressure in making it. You cannot name your attorneys or replacement attorneys. They can object to the registration for the LPA but only for certain reasons.  |
| **PERSON TO BE NOTIFIED** |
| **FIRST PERSON TO BE NOTIFIED** |  |
| Name |  |
| Address |  |
| Telephone no. |  |
|  |
| **SECOND PERSON TO BE NOTIFIED** |  |
| Name |  |
| Address |  |
| Telephone no. |  |
|  |
| **THIRD PERSON TO BE NOTIFIED** |  |
| Name |  |
| Address |  |
| Telephone no. |  |
|  |
| **FOURTH PERSON TO BE NOTIFIED** |  |
| Name |  |
| Address |  |
| Telephone no. |  |
|  |
| **CERTIFICATE PROVIDER** |
| Name | CP Law Solicitors |
| Address | 2 Anvil Court, 50 Denmark Street, Wokingham Berkshire, RG40 2BB |
| Reason why able to give certificate | Skills Based |
| Relationship to you | Solicitor |

**Signed........................................................................................................Dated………………………………..**