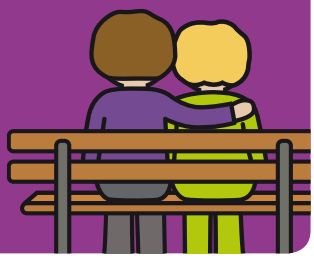
DAVIS·BLANK·FURNISS

Lasting Power of Attorney Questionnaire



Part A – You and your family

01. EXISTING DOCUMENTS?

	YES	NO
Do you have an existing Will?	☐	☐
Do you have an existing Enduring or Lasting Power of Attorney?	☐	☐

02. YOUR DETAILS

Forename(s)

Surname Date of Birth D D M M Y Y Y Y

Address

Email Address

Telephone Number Mobile Number

Occupation

Nationality

Do you consider England your permanent home? YES ☐ NO ☐

Are you (or any other member of your family) known by any other names and do you own any assets in a different name? If so, please give details:

03. YOUR MARITAL STATUS

Single ☐ Married ☐ Separated ☐ Divorced ☐ Cohabit ☐

Widowed ☐ Date of Death D D M M Y Y Y Y

Name of spouse (please include any former spouse so we can check there is no conflict accepting your instructions)

Forename(s)

Surname Date of birth D D M M Y Y Y Y

Date of marriage D D M M Y Y Y Y Date of divorce D D M M Y Y Y Y

Address

Email Address Mobile Number

Occupation Nationality

Does your spouse/civil partner/partner consider England their permanent home? YES ☐ NO ☐

04. YOUR CHILDREN

Forename(s)

Surname Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

Forename(s)

Surname Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

Forename(s)

Surname Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

05. YOUR LASTING POWER OF ATTORNEY

Please provide details of the attorney you are appointing.

Name

Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

Do you wish to appoint more than one attorney? YES ☐ NO ☐

If so, please provide the second attorney's details:

Name

Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

Please provide the third attorney's details:

Name

Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

Please provide the fourth attorney's details:

Name

Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

If you are appointing replacement attorneys, if your chosen attorneys cannot act then please name the replacements here:

Name

Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

If you are appointing replacement attorneys, if your chosen attorneys cannot act then please name the replacements here:

Name

Date of Birth D D M M Y Y Y Y

Address

Email Address Mobile Number

Please let us know if you require more than two replacements.

06. DO YOU WANT ANYONE TO BE NOTIFIED WHEN APPLICATION IS MADE TO REGISTER YOUR LPA?

Details of named persons.

Name

Address

Email Address Mobile Number

Name

Address

Email Address Mobile Number

Name

Address

Email Address Mobile Number

Name

Address

Email Address | Mobile Number

07. ARE THERE ANY RESTRICTIONS/ CONDITIONS ON THE ATTORNEY/S YOU ARE APPOINTING?

08. PLEASE SET OUT ANY GUIDANCE YOU WISH YOUR ATTORNEY/S TO FOLLOW.

09. ATTORNEY FEES

Will you be paying your attorney a fee for acting on your behalf? **YES** ☐ **NO** ☐

If yes, Please specify what fees you intend to pay e.g. travel/telephone, postage:

10. TYPES OF LPA

There are two different types of LPA – **A Health and Welfare LPA** and **A Property and Financial Affairs LPA**. Please advise which type of LPA you wish your attorney to act for you on your behalf.

- A Health and Welfare LPA ☐
- A Property and Financial Affairs LPA ☐
- Both ☐

11. IF YOU HAVE APPOINTED MORE THAN ONE ATTORNEY, HOW DO YOU WISH THEM TO ACT?

Together	☐
Together & independently	☐
Together in some matters & independently in others	☐

12. POWER OF ATTORNEY

Have you already made an Enduring Power of Attorney?	**YES** ☐	**NO** ☐
Have you already made a Lasting Power of Attorney?	**YES** ☐	**NO** ☐

13. PERSONAL WELFARE LPA

If you are making a Personal Welfare LPA do you wish to give your attorney authority to give or refuse consent to life sustaining treatment?	**YES** ☐	**NO** ☐