

Lasting Power of Attorney Questionnaire

1. The Donor - **PLEASE PROVIDE ID**

| | |
|---|--|
| Title: First name: | |
| Middle name: Last name: | |
| DOB: <u>DD / MM / YYYY</u> Address: | |
| | |
| Email: Telephone number: | |

2. Property and Financial affairs LPA

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|--|--|
| Please tick this box if you want to make a Property and Financial affairs LPA | <input type="checkbox"/> |
| When do you want the LPA to be effective? (Please circle one option) | Straight away? ----- When you lose mental capacity |

3. Health and Welfare LPA

| | |
|--|--------------------------|
| Please tick this box if you want to make a Health and Welfare LPA | <input type="checkbox"/> |
| Do you want your attorneys to make decisions on life-sustaining treatment for you? (Please circle one option) | Yes ---- No |

4. Attorney(s) - **PLEASE PROVIDE ID FOR ALL ATTORNEYS**

| | |
|--|--|
| 1) Title: First name: Middle name: Last name: DOB: <u>DD / MM / YYYY</u> Address: Email: Telephone number: | |
| 2) Title: First name: Middle name: Last name: DOB: <u>DD / MM / YYYY</u> Address: Email: Telephone number: | |
| (MORE ATTORNEYS? PLEASE ATTACH ANOTHER SHEET) | |

5. If more than 1 attorney, how will they make decisions?

| | |
|--|--------------------------|
| <u>Separately OR Together / "Jointly and Severally"</u> | <input type="checkbox"/> |
| <u>Together / "Jointly"</u> | <input type="checkbox"/> |
| <u>Some decisions "Jointly" and other decisions "Jointly and Severally"</u> (PLEASE EXPLAIN WHAT DECISIONS MUST BE MADE JOINTLY ON AN ADDITIONAL SHEET AS CLEARLY AND SIMPLY AS POSSIBLE) | <input type="checkbox"/> |

6. Replacement Attorneys - **PLEASE PROVIDE ID FOR ALL**

| |
|---|
| <p>1) Title:..... First name:..... Middle name:..... Last name:..... DOB: <u>DD / MM / YYYY</u> Address:..... Email:..... Telephone number:.....</p> |
| <p>2) Title:..... First name:..... Middle name:..... Last name:..... DOB: <u>DD / MM / YYYY</u> Address:..... Email:..... Telephone number:.....</p> <p style="text-align: center;">(MORE REPLACEMENT ATTORNEYS? ATTACH ANOTHER SHEET)</p> |

7. When Replacement Attorneys step in (if applicable)

| | |
|--|--------------------------|
| All step in when <u>ONE</u> original attorney can't act | <input type="checkbox"/> |
| All step in only when <u>ALL</u> original attorneys can't act | <input type="checkbox"/> |
| Attorneys step in using a specific order, or replace specific original attorneys. (IF YOU CHOOSE THIS OPTION, PLEASE EXPLAIN YOUR INSTRUCTIONS ON AN ADDITIONAL SHEET AS CLEARLY AND SIMPLY AS POSSIBLE) | <input type="checkbox"/> |

8. People to Notify

| |
|---|
| <p>1) Title:..... First name:..... Middle name:..... Last name:..... DOB: <u>DD / MM / YYYY</u> Address:..... </p> |
| <p>2) Title:..... First name:..... Middle name:..... Last name:..... DOB: <u>DD / MM / YYYY</u> Address:..... </p> <p style="text-align: center;">(MORE PEOPLE TO NOTIFY? PLEASE ATTACH ANOTHER SHEET)</p> |

9. Certified Provider

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|---|
| <p>Ferns Solicitors <input type="checkbox"/> OTHER <input type="checkbox"/> PLEASE GIVE DETAILS BELOW:</p> <p>.....</p> <p>.....</p> |
|---|

Signature.....

Date: DD / MM / YYYY