

PEACOCK & CO

Solicitors

LASTING POWER OF ATTORNEY QUESTIONNAIRE

Peacock & Co.
peacock-law.co.uk

Wimbledon: 020 8944 5290 | Epsom: 020 8035 0388

PERSONAL DETAILS

Full name (including title):

Are you known by any other names?

Address:

Date of birth:

Home telephone:
Mobile number:
Email address:

Marital status:

Have you ever made an Enduring Power of Attorney?	YES	NO
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Do you have a Will?	YES	NO
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TYPE OF LASTING POWER OF ATTORNEY
Tick the type of LPA you wish to make:

Property & Affairs Lasting Power of Attorney	YES	NO
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Health & Welfare Lasting Power of Attorney	YES	NO
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CHOICE OF ATTORNEY

Your attorney must be over 18 years of age and must not be bankrupt. You should choose someone you trust and have a good relationship with. If more than one attorney, they should be able to get on with each other well.

ATTORNEY 1

Name (including title and middle name):

Address:

Date of birth:

Telephone number:

Email address:

Relationship to you:

Occupation:

ATTORNEY 2

Name (including title and middle name):

Address:

Date of birth:

Telephone number:

Email address:

Relationship to you:

Occupation:

HOW DO YOU WANT THEM TO OPERATE IN THEIR ROLE AS ATTORNEY?

If you have more than one attorney, they can act jointly (never alone) or jointly and severally so that they can sometimes sign together and sometimes separately. It is more flexible to appoint your attorneys jointly and severally – it works well when the attorneys do not live near to each other, or if one were to retire or die, then the other attorney could still act. If you appoint your spouse or civil partner, dissolution of your marriage or civil partnership will end the appointment of your spouse/civil partner, unless you have indicated otherwise.

Jointly	YES	NO
Jointly and severally	YES	NO

REPLACEMENT ATTORNEYS

You can appoint a replacement attorney to act in place of an original appointed attorney, where they are unable to act. Use a separate page for any more than two replacement attorneys.

REPLACEMENT ATTORNEY 1

Name (including title and middle name):

Address:

Date of birth:

Telephone number:

Email address:

Relationship to you:

Occupation:

REPLACEMENT ATTORNEY 2

Name (including title and middle name):

Address:

Date of birth:

Telephone number:

Email address:

Relationship to you:

Occupation:

CERTIFICATE PROVIDER

A Certificate Provider is someone who has discussed the LPA with you and sign to confirm that you have the capacity to sign your LPA. We can usually act as your Certificate Provider. Alternatively, it can be someone who has known you as a good friend for more than two years. We will discuss this when we meet.

RESTRICTIONS HOW YOUR ATTORNEYS ACT

Without any restrictions your attorney will be able to make decisions that you are able to make over your property and finances; if you are making a property and affairs power, or over all your health and welfare decisions, if you are making a health and welfare power. **This is the most flexible.** If you would like to include restrictions, please discuss this further with us.

GUIDANCE FOR YOUR ATTORNEY

You may include discretionary guidance for your attorneys to assist them with making decisions on your behalf. This can include the following:

- The people you would like your attorney to consult when making decisions

- Your views, beliefs and values that may affect how the attorney makes decisions, such as where you would like to live and with whom and how your money is to be invested and spent, including whom you would like to be maintained.
- Access to your Will.

PAYING YOUR ATTORNEYS

Generally, family and friends would not expect to be paid, but they can recover out-of-pocket expenses paid on your behalf. If you have professional attorneys, they will need to be paid for their work. If you agree to pay a non-professional attorney this should be set out in the LPA and please let us know.

NOTIFYING PEOPLE OF THE REGISTRATION OF THE POWER

You have the option to name someone to be notified (but not an attorney) when the LPA is registered with the Office of the Public Guardian. That person can raise concerns on your behalf if they felt you were being put under pressure to put an LPA in place. If you would like to do this, please list their details below.

Name (including title and middle name):

Address:

Relationship to you:

Telephone number:

Email address:

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