

Coffin Mew Solicitors – Wills, Trusts & Probate

LPA Questionnaire

SECTION 1

CLIENT 1/DONOR'S DETAILS

| | |
|---|--|
| Title | Mr / Mrs / Ms / Miss / Other – please state: |
| First Name | |
| Middle Name(s) | |
| Last Name | |
| Date of Birth | |
| Marital Status | |
| Any other names you are known by or have been known by in the past (e.g. maiden name) | |
| Address | |
| Post code | |
| Daytime Telephone number | |
| Mobile number | |
| E-mail address | |
| Occupation | |
| Do you have a Will? | Yes/No If yes, date of Will: |
| Have you already made: <ul style="list-style-type: none"> • Advance Decision/Medical Directive <input type="checkbox"/> • Enduring Power of Attorney <input type="checkbox"/> • Lasting Power of Attorney <input type="checkbox"/> | |
| Please state what kind of LPA is required: <ul style="list-style-type: none"> • Property and Affairs LPA <input type="checkbox"/> • Personal Welfare LPA <input type="checkbox"/> • Both <input type="checkbox"/> | |

SECTION 2

ATTORNEY 1 DETAILS

| | |
|--------------------------|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number | |
| Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |

ATTORNEY 2 DETAILS

| | |
|--------------------------|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state: |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number | |
| Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |

ATTORNEY 3 DETAILS

| | |
|--------------------------|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number | |
| Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |

ATTORNEY 4 DETAILS

| | |
|--------------------------|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number | |
| Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |

SECTION 3

OTHER DETAILS – FOR PROPERTY & FINANCIAL AFFAIRS LPA

| | | |
|-----|---|--|
| 1. | How many Attorneys are you appointing? | |
| 2. | Where 2 or more Attorneys are appointed would you like to appoint them: <ul style="list-style-type: none"> • Jointly • Jointly and Severally • Jointly in respect of some matters and Jointly and Severally in respect of others. If so, provide details | |
| 3. | Do you wish to appoint a Replacement Attorney ? <ul style="list-style-type: none"> • No • Yes – if so please complete SECTION 4 | |
| 4. | Do you wish to place Restrictions and/or conditions on your Attorneys? <ul style="list-style-type: none"> • No • Yes – please state | |
| 5. | Do you wish to give Guidance for your Attorneys to consider? <ul style="list-style-type: none"> • No • Yes – please state | |
| 6. | Have you agreed to Pay your Attorneys a fee to act? <ul style="list-style-type: none"> • No • Yes – please state | |
| 7. | How many people are you Notifying when an application to register your LPA is made? <ul style="list-style-type: none"> • 1 to 5 persons – please complete SECTION 6 • None – please complete PART 2 OF SECTION 5 | |
| 8. | Who is applying to Register the LPA? <ul style="list-style-type: none"> • Donor / Coffin Mew • Attorney 1 / 2 / 3 / 4 | |
| 9. | Who is Notifying the named people? <ul style="list-style-type: none"> • Donor / Coffin Mew • Attorney 1 / 2 / 3 / 4 | |
| 10. | Does Client want to restrict the release of the Registered PFA LPA to the Attorneys? | |

OTHER DETAILS – FOR HEALTH & WELFARE LPA

| | | |
|-----|---|--|
| 1. | How many Attorneys are you appointing? | |
| 2. | Where 2 or more Attorneys are appointed would you like to appoint them: <ul style="list-style-type: none"> • Jointly • Jointly and Severally • Jointly in respect of some matters and Jointly and Severally in respect of others – provide details | |
| 3. | Do you wish to appoint a Replacement Attorney ? <ul style="list-style-type: none"> • No • Yes – if so please complete SECTION 4 | |
| 4. | <p>Life-sustaining Treatment</p> <p><u>OPTION A</u></p> <p>Do you want to give your Attorneys authority to give/refuse consent on your behalf?</p> <p><u>OPTION B</u></p> <p>Do you not want to give your Attorneys authority to give/refuse consent on your behalf?</p> | |
| 5. | Do you wish to place Restrictions and/or conditions on your Attorneys? <ul style="list-style-type: none"> • No • Yes – please state | |
| 6. | Do you wish to give Guidance for your Attorneys to consider? <ul style="list-style-type: none"> • No • Yes – please state | |
| 7. | Have you agreed to Pay your Attorneys a fee to act? <ul style="list-style-type: none"> • No • Yes – please state | |
| 8. | How many people are you Notifying when an application to register your LPA is made? <ul style="list-style-type: none"> • 1 to 5 persons – please complete SECTION 6 • None – please complete PART 2 OF SECTION 5 | |
| 9. | Who is applying to Register the LPA? <ul style="list-style-type: none"> • Donor / Coffin Mew • Attorney 1 / 2 / 3 / 4 | |
| 10. | Who is Notifying the named people? <ul style="list-style-type: none"> • Donor / Coffin Mew • Attorney 1 / 2 / 3 / 4 | |
| 11. | Does Client want to restrict the release of the Registered HW LPA to the Attorneys? | |

SECTION 4

REPLACEMENT ATTORNEY 1 DETAILS

| | |
|---|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |
| Do you wish to put Restrictions on the appointment of a Replacement Attorney? | <ul style="list-style-type: none"> • Yes – please state • No |

REPLACEMENT ATTORNEY 2 DETAILS

| | |
|---|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |
| Do you wish to put Restrictions on the appointment of a Replacement Attorney? | <ul style="list-style-type: none"> • Yes – please state • No |

REPLACEMENT ATTORNEY 3 DETAILS

| | |
|---|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |
| Do you wish to put Restrictions on the appointment of a Replacement Attorney? <ul style="list-style-type: none"> • Yes – please state • No | |

REPLACEMENT ATTORNEY 4 DETAILS

| | |
|---|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| Date of Birth | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Occupation | |
| Relationship to Donor | <ul style="list-style-type: none"> • Spouse / Registered Civil Partner /Child / Other • Solicitor / Other Professional – please state |
| Do you wish to put Restrictions on the appointment of a Replacement Attorney? <ul style="list-style-type: none"> • Yes – please state • No | |

SECTION 5

PART 1 - CERTIFICATE PROVIDER'S DETAILS (NB COMPULSORY)

| | |
|---|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| <u>Statement of Personal Knowledge</u> CP has known the Client for at least 2 years and as more than an acquaintance. CPs personal knowledge is... OR <u>Statement of Relevant Professional Skills</u> State e.g. GP, Solicitor and particular skills | |

PART 2 – ADDITIONAL CERTIFICATE PROVIDER'S DETAILS (IF NO PERSON TO BE NOTIFIED)

| | |
|--|--|
| Title: Mr / Mrs / Ms / Miss / Other – please state | |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| <u>Statement of Personal Knowledge</u> CP has known the Client for at least 2 years and as more than an acquaintance. CPs personal knowledge is... OR <u>Statement of Relevant Professional Skills</u> State e.g. GP, Solicitor and particular skills. | |

SECTION 6

PEOPLE TO BE NOTIFIED

PERSON 1

| | |
|--|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Relationship to Donor | |

PERSON 2

| | |
|--|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Relationship to Donor | |

PERSON 3

| | |
|--|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Relationship to Donor | |

PERSON 4

| | |
|--|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Relationship to Donor | |

PERSON 5

| | |
|--|---|
| Title | Mr / Mrs / Ms / Miss / Other – please state |
| FULL Name | |
| FULL Address | |
| Daytime Telephone number / Mobile number | |
| E-mail address | |
| Relationship to Donor | |