

Adams & Remers

A&R. Lasting Power of Attorney

Your Instructions



Mental incapacity can affect everyone, young or old, leading to enormous worry and distress to those nearest to them.

These problems can be moderated with a Lasting Power of Attorney (or a registered Enduring Power of Attorney) which allows your chosen attorney(s) to deal with your financial affairs or take decisions on your behalf relating to health and welfare issues.

Type of Lasting Power of Attorney

There are two types of Lasting Power of Attorney:

Property & Affairs

This allows the Attorney(s) to deal with all aspects of the Donor's financial affairs and includes authority to sell the Donor's house. The Donor can ask the Attorney(s) to act or the Attorney(s) can step in if the Donor lacks sufficient understanding to act for himself. Without a Power of Attorney, the Donor's affairs cannot be dealt with by another person without making an application to the Court of Protection.

Health and Welfare

This allows the Attorneys to make medical, nursing or care decisions (including where the Donor should live) but only where the Donor is unable to make those decisions himself. In practice, close family members can usually make these decisions even without an LPA but they can be useful if there is likely to be disagreement between family members and you want to control who can make decisions or if there is no immediate family.

Please tick one of the boxes below to indicate which type or types of LPA you would like to create.

Property and Affairs

Health and Welfare

Both

Appointment of Attorneys

You can appoint one or more attorneys to act on your behalf. Attorneys can be appointed jointly meaning they must act together, or jointly severally which means that they can act together but can also act individually as well, which provides the greatest flexibility in dealing with the Donor's affairs.

You can appoint professional advisors, such as a member of this firm or your accountant, to act as attorneys under a Property and Affairs LPA but would not usually act under a Health and Welfare LPA.

You can also appoint replacement attorneys who do not act initially but can step in if one or all of your attorneys is unable by law to act.

This form will provide us with the initial information required to draft a Lasting Power of Attorney (“an LPA”) for you. It will also reveal what special arrangements are advisable to meet your needs. It will provide the basis for future discussions and is not intended to be a legal document.

In this form, “Donor” means a person making an LPA and “Attorney(s)” means the person or people being appointed.

Personal Details

YOU

Title:

Full names:

Former/Maiden Name:

Address:

Date of Birth:

Telephone numbers:
(Home)

(Work)

(Mobile)

E-mail:

Occupation:

SPOUSE (INCLUDING CIVIL PARTNER) OR PARTNER

Title:

Full names:

Former/Maiden name:

Address:

Date of Birth:

Telephone numbers:
(Home)

(Work)

(Mobile)

E-mail:

Occupation:

Attorney Details

If you wish to appoint your spouse/partner as an Attorney (details of which have already been provided above), please tick this box

If you wish to appoint a member of Adams & Remers LLP as an attorney, please tick this box

Otherwise, please provide details for you attorneys below:

Attorney 1

Title: Full names:

Address:

Telephone: Date of Birth:

Occupation: E-mail:

Attorney 2

Please tick this box if you would like to appoint a replacement attorney

Title: Full names:

Address:

Telephone: Date of Birth:

Occupation: E-mail

Attorney 3

Please tick this box if you would like to appoint a replacement attorney

Title: Full names:

Address:

Telephone: Date of Birth:

Occupation: E-mail:

Attorney 4

Please tick this box if you would like to appoint a replacement attorney

Title: Full names:

Address:

Telephone: Date of Birth:

Occupation: E-mail:

If you would like to appoint more attorneys, please provide their details on the additional information page.

Guidance and Restrictions

You are allowed to include guidance for your Attorneys in the way they should deal with your affairs or restrictions on the actions that they can undertake on your behalf.

In practice, we recommend that this section of the LPA be left blank so that your Attorneys are able to deal with your affairs as flexibly as possible. If you are happy with this, leave this section blank.

If you have not ticked the box and want to provide your Attorneys with guidance or if there are restrictions or conditions that you would like to impose on your Attorneys, please provide details below:

Do you want your Attorney(s) to be paid a fee from your assets for acting as your Attorney(s)? If yes, please provide details below:

Please Note:

Professional Attorneys will expect to be able to charge for any work carried out on your behalf, and the LPA will include a provision enabling this.

Additional Information:

Please return the Instructions to us, or bring them with you to your appointment.

*If you are experiencing problems emailing or printing this form:
Save to your desktop and then open in Adobe Reader.*

In accordance with the Data Protection Act 1999, any information provided on this form will be collected and held by us and will not be released to a third party without your consent unless we are legally obliged to do so. It will be used solely for the purposes of advice including the preparation of your Will and/or Lasting Powers of Attorney.

Further Help & Advice

Lewes

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Lewes, Sussex, BN7 2NN

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Email lewes@adamsandremers.com

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