###### **LASTING POWERS OF ATTORNEY**

###### **INFORMATION FORM**

Please supply the following information preferably typed and emailed to the following address ***solicitor@GrahamColleySolicitor.com*** at least 2 days/48 hours before the meeting.

**Please complete all relevant sections**

**Appointment Date and Time**

|  |  |  |  |
| --- | --- | --- | --- |
| Date : |  | Time : |  |

**Client 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Title : |  | Full name: |  |
|  |
| Date of Birth : |  | Date of marriage / *Commencement of cohabitation :* |  |
|  |
| Address : |  |
|  |  |
| Email: |  |
|  |
| Phone Number : |  | Mobile: |  |

**Client 2***(if Applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Title : |  | Full name: |  |
|  |
| Date of Birth : |  | Date of marriage / *Commencement of cohabitation :* |  |
|  |
| Address : |  |
|  |  |
| Email: |  |
|  |
| Phone Number : |  | Mobile: |  |

**Attorneys**

|  |  |
| --- | --- |
| **Attorney 1** | **Attorney 2** |
|  |
| Full name : |  | Full name : |  |
| ` |  |
| Address : |  | Address : |  |
|  |  |  |  |
| City : |  | City : |  |
|  |  |  |  |
| Post Code : |  | Post Code : |  |
|  |  |  |  |
| Phone Number : |  | Phone Mobile: |  |
|  |  |  |  |
| DOB : |  | DOB : |  |
|  |  |  |  |
| Relationship : |  | Relationship : |  |

**Persons to be told when the LPA is registered**

The people named below do not need to do anything. They will just be informed when an application is made to register your LPA(s) and will have the opportunity to respond if they think that your Attorneys are acting unlawfully.

|  |  |
| --- | --- |
| **Notificant 1** | **Notificant 2** |
|  |
| Full name : |  | Full name : |  |
| ` |  |
| Address : |  | Address : |  |
|  |  |  |  |
| City : |  | City : |  |
|  |  |  |  |
| Post Code : |  | Post Code : |  |

**Certificate provider**

You will need to have a certificate provider who is willing to sign to confirm that they believe that you understand the powers you are giving your Attorneys. This can be a friend or neighbour but NOT a relative an attorney or anyone related to an attorney **you must have known them for two years**. If you have no one else you can use a doctor.

|  |  |
| --- | --- |
| Full name : |  |
| ` |
| Address : |  |
|  |
| Relationship : |  |
|  |
| How long have you known them : |  |

|  |
| --- |
| Assets / Inheritance Tax Record |
| **Please provide approximated figures on your assets below** |
| **Real Estate** | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Value of Main Residence** |  |  |  |
| **Details of any outstanding mortgage** |  |  |  |
| **Details of any other homes** |  |  |  |
| **Policies**  | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Details of Life insurance/annuities** *(Including company length premium or whether it is in trust)* |  |  |  |
| **Details of any death in service policies** |  |  |  |
| **Details of Expression of Wishes / any nominations given related to your policies** |  |  |  |
| **Cash** *Assets (Approx. Values)* | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Building Society / Bank** |  |  |  |
| **Income** | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Are you Employed / Self-employed / Retired?** |  |  |  |
| **Details of any Income****Salary / Pensions** |  |  |  |
| **Details of any Partnership / Business Assets** |  |  |  |
| **Details of any future legacies** |  |  |  |
| **Other:** | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Total value of Personal Belongings such as:*****House Contents, Jewellery, Cars /Caravans etc.*** |  |  |  |