

## Lasting Power of Attorney Questionnaire

Please complete this form by typing or writing your answers to those questions which are relevant to your particular circumstances and then return the completed form by email or post.

### ABOUT YOU

QUESTIONS	YOUR ANSWERS
1. Please tell us your full name, including any middle names and your title:	
1.2 Please tell us any previous surname:	
1.3 Please tell us any other names that you are known by:	
1.4 Please tell us your preferred pronouns if you wish to do so:	
1.5: If you are Transgender, please advise if you have obtained a 'Gender Recognition Certificate' as this may impact on how we draft your LPAS. Please provide us with details of any previous names, and previous documentation so we can best advise you.	
2. Please tell us your full postal address, including your postcode:	
3. Please tell us your email address:	
4. Please tell us a telephone number we can use to contact you if we have any questions:	
5. How would you prefer to be contacted: Please circle your preference:	Post      Telephone      Email
6. Please tell us your age and date of birth: <i>Note. This is necessary to complete the LPA.</i>	

### LPA Questionnaire

QUESTIONS	YOUR ANSWERS
7. Please tell us your marital/family status: (i.e., are you single, married, divorced, cohabiting or in a civil partnership?)	
8. If you are aware of any imminent changes in your family circumstances, please tell us: (e.g., getting married or divorced or expecting a child, suffered a recent bereavement etc.)	
9. Do you own any property abroad or are you in the process of acquiring any property abroad? (If so, please provide details).  <i>Note. If you own property abroad, you can still make LPAS with us, but you may need to put in place a separate document in the country concerned to deal with that property</i>	
10. Please provide details of your family tree to include estranged or deceased individuals:	
11. Please confirm whether you have any previous Lasting Powers of Attorney or Enduring Powers of Attorney in place: Are these registered?	
12. Please tell us which type(s) of Lasting Power of Attorney you would like us to prepare for you: <i>Note. There are two types: one to deal with your property and financial affairs and one to deal with your health and welfare issues</i>	

## LPA Questionnaire

## ABOUT YOUR ATTORNEY(S)

QUESTIONS	YOUR ANSWERS
<p>13. Please tell us the title, full name, relationship to you, address and date of birth of each person you wish to name as an Attorney:</p> <p>(e.g., Mr David William Smith, my son, 1 West Avenue, York, North Yorkshire, YO3 2LY, 28<sup>th</sup> April 1978 and Mrs Olivia Smith, my wife, 5 Old Street, York, North Yorkshire, YO1 2AB, 21<sup>st</sup> March 1950)</p> <p><i>Note 1. The date of birth of each attorney is required to complete the Lasting Power of Attorney. However, if you don't have this information to hand, you can tell us later by telephone or email.</i></p> <p><i>Note 2. You can appoint up to ten attorneys (although less is usually best).</i></p> <p><i>Note 3. If you have a spouse or children who are not being appointed as an attorney can you please provide details of their name and any reason for not including them (for example due to their health issues, past conduct, not suitable, their location or a wish to limit number for practical reasons).</i></p>	
<p>14. If you wish to appoint someone as a replacement Attorney (to stand in if an Attorney dies or can no longer act on your behalf) please tell us his or her title, full name, relationship to you, address and date of birth:</p> <p>(e.g., Mr Peter Jones, my wife's brother, 8 Watson Drive, Leeds, West Yorkshire, LS1 2XY, 28<sup>th</sup> April 1952)</p>	

## LPA Questionnaire

*Note 1. The date of birth is necessary to complete the Lasting Power of Attorney. However, if you don't have this information to hand, you can tell us later by telephone or email.*

*Note 2. You can appoint up to ten replacement attorneys (although less is usually best).*

15. If you have named more than one person to act as your Attorney at the same time, please tell us whether you want them to be able to act "jointly only" (which means they must make all decisions and sign all documents together) or "jointly and severally" (which means they may make decisions together but they may also make decisions and sign documents individually).  
(e.g., jointly and severally)

PLEASE NOTE

If you appoint jointly only and any of your attorneys is no longer able to act through death, lack of capacity, bankruptcy or any other reason the remaining attorneys (unless you have appointed a replacement) are also unable to act and the document will cease to have effect.

16. Lasting Powers of Attorney are usually written to say that the Attorney(s) may deal with all of your property and financial affairs and/or health and welfare issues without limitation. However, it is possible to include preferences about how you would like your attorney(s) to make decisions or provide instructions which they must follow.

(e.g., I do not want my Attorneys to be able to sell my home unless my doctor says that I am no longer well enough to live there independently).

*Note. Many people prefer to leave these sections blank as it makes the document more flexible.*

## LPA Questionnaire

## THE CERTIFICATE PROVIDER

QUESTIONS	YOUR ANSWERS
<p>17. Please tell us the title, full name, address and age of an independent person who has known you well for over 2 years and is prepared to countersign your Lasting Power of Attorney to say that he/she is happy that you are of sound mind and that you are signing the document freely and are not being pressured into doing so.</p> <p>(e.g., Mr Brian Peterson, 8 West Avenue, York, North Yorkshire, YO3 2LY, age 58)</p> <p><i>Note. Every Lasting Power of Attorney must be countersigned by someone independent in this way. This person, who is known as the "certificate provider", may be a friend, work colleague or neighbour but must not be related to you or your Attorney(s). If you do not have someone to act as your certificate provider then it will be necessary to ask someone who is experienced in assessing mental capacity, such as a Doctor or Solicitor, to act as the certificate provider. (When an experienced professional, such as a Doctor or Solicitor, acts as the Certificate Provider, they do not need to have known you for 2 years).</i></p>	<p>If we have met you, and assessed your mental capacity, we can be your certificate provider as part of our fee.</p>
<p>18. Please tell us how you and the certificate provider are known to each other and for how long:</p> <p>(e.g., We have been close friends for over 30 years).</p>	

## THE PERSON TO WHOM NOTICE MUST BE GIVEN

QUESTIONS	YOUR ANSWERS
<p>19. Please provide the title, full name, address and age of a person to whom notice must be sent by you or your Attorney before your Lasting Power of Attorney can be registered with the Office of the Public Guardian. Please also tell us how the two of you know one another.</p>	<p>Please note that this is not a legal requirement.</p>

## LPA Questionnaire

This is not a legal requirement and you do not have to give notice to anyone if you do not wish to do so.

(e.g., My friend, Mr Brian Peterson of 8 West Avenue, York, North Yorkshire, YO3 2LY, age 58, will also be the person to whom notice must be given)

*Note 1. This can be a member of your own family (but not an Attorney or someone who lives with an Attorney) or it can be, say, a close friend. If someone independent is chosen to be this person, then the same person can also be nominated as the certificate provider mentioned in Q.12. This person simply needs to agree that when you or your Attorney decide to register the Lasting Power of Attorney they will be happy for prior written notice to be sent to them. (When they receive this notice they are under no obligation to do anything with it, unless they wish to object to the Lasting Power of Attorney being registered).*

## ADDITIONAL COMMENTS

QUESTIONS	YOUR ANSWERS
<p>20. If you have any other comments in response to any of our questions or anything else to add concerning your Lasting Power of Attorney, please tell us here:</p> <p><i>Note 1. If you wish us to prepare the same Lasting Power of Attorney for your spouse or partner and he/she has been named as one of your Attorney(s) please tell us here as it will avoid the need to complete two separate forms. +</i></p> <p><i>Note 2. If you have completed this form on behalf of someone else, please tell us about it here and provide your contact details.</i></p>	
<p>21. Use of your Lasting Power of Attorney.</p> <p>The property and financial affairs Power can be used from registration.</p> <p>The Health and Welfare Power can only be used from loss of capacity.</p>	.

## LPA Questionnaire

<p>Please confirm whether you wish your attorney(s) to be able to use the Property Power from registration, or from loss of capacity only.</p>	
<p>22. Copies of your Lasting Power of Attorney.</p> <p>Please confirm whether you would like us to send a certified copy of your documents to your attorney(s) on completion of the matter. <b>Please note charges for <u>each</u> copy are an additional £25 + VAT which covers the cost of copying, certification, postage and useful information about 'getting started as an attorney'.</b></p> <p>Please also confirm if, in the event of loss of capacity you authorise us to release further copies of the document to them, when requested.</p> <p>Please also confirm if you are happy for us to release a copy of your Will (if held by us) should your attorney(s) request this upon loss of capacity.</p>	
<p>23. Life sustaining treatment.</p> <p>In the Health and Welfare Power you have the option of allowing your attorney(s) to make decisions regarding life sustaining treatment or leaving these decisions up to medical professionals.</p> <p>Please confirm whom you would like to make these decisions.</p>	
<p>24. Investments</p> <p>With regard to investments; if you own investments that are managed with the discretion of a fund manager then a specific clause will need to be included in your Lasting Power of Attorney for property and finances.</p> <p>Please let us know if you have investments of this sort.</p>	

## MISCELLANEOUS

QUESTIONS	YOUR ANSWERS
<p>25. Please confirm whether you are under the care of any health care professional or mental health nurse. If the answer is yes, please give as much information as possible including details of any diagnosis, treatment and medication.</p>	
<p>26. Please confirm specifically if you have any diagnoses of the following or suffer/have suffered from any of the following:</p> <ul style="list-style-type: none"> <li>• Alzheimer's</li> <li>• Dementia</li> <li>• Parkinsons</li> <li>• Huntingtons</li> <li>• Schizophrenia</li> <li>• Bipolar disorder</li> <li>• Depression and/or anxiety</li> <li>• Brain injury</li> <li>• Stroke</li> <li>• MS</li> <li>• Learning difficulty</li> <li>• Recurring urinary tract infections</li> <li>• Memory issues or disorders</li> </ul> <p>Please provide as much detail as possible.</p>	
<p>27. Please advise of any physical conditions which we need to be aware about together with any upcoming operations, treatments or otherwise such as:</p> <ul style="list-style-type: none"> <li>• Cancers</li> <li>• MS</li> <li>• Stroke</li> </ul> <p>If you have a terminal diagnoses, please make us aware of this and please confirm your prognosis and current position.</p>	
<p>28. If you are completing this questionnaire prior to our meeting do you have any needs for our meeting/thereafter i.e., are you blind, partially sighted, deaf, in need of a translator, housebound etc. Please tell us how we can make this process easier.</p>	
<p><b>Internal use only</b></p>	

## LPA Questionnaire



<p>Urgent Instructions</p> <p>Comment on urgent instructions i.e., terminally ill, mental capacity deteriorating, travelling etc.</p> <p>Action to be taken.</p>	
<p>Source</p>	
<p>Capacity/undue influence notes – did the client come in alone, was the importance of taking instructions from the client on their own discussed. If accompanied record advice given and clients response.</p> <p>Risk of financial abuse</p> <p>Bereavement/illness</p>	
<p>Dealing with a couple – are they married or unmarried. Did we ask whether they wanted to be seen alone or together and advise of potential conflict of interest in the future and asked whether we could discuss finances together.</p>	
<p>Where did the meeting take place</p> <p>Office/Home/Hospital/Hospice or other</p>	
<p>Third party advisors that we are required to get in touch with i.e., independent financial advisors/investment managers/accountants etc.</p>	
<p>Quote agreed</p>	
<p>Timeframe agreed</p>	
<p>Date of meeting</p>	
<p>Discussed storage of LPAS and agreed action and any previous LPAS</p>	
<p>Does the client have a Will in place?</p>	
<p>Specific client notes:</p> <p>Additional requirements i.e. requires signature on their behalf, blind (requires reading), deaf (requires BSL interpreter), requires home visit, requires capacity assessment etc.</p>	

Please sign below to confirm that you have filled in and completed this questionnaire personally.

LPA Questionnaire

Alternatively, if someone has filled the questionnaire in on your behalf, please sign below to confirm that you understand and approve the content of the questionnaire in that it reflects your independent instructions.

Signed:.....

Print Name: .....

Date:.....

Signed:.....

Print Name: .....

Date:.....

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