



Lasting Power of Attorney Questionnaire

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DETAILS

In order to complete the forms to make and register your Lasting Power of Attorney ("LPA"), we need the details of three sets of people, as follows:

- 1. You.
- 2. The person(s) you intend to appoint as your Attorney(s).
- 3. Your certificate provider (see below).

YOU

(You do not need to give us this information if you have already supplied it in relation to your Will.)

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

Daytime telephone number: _____

YOUR ATTORNEY(S)

You can have up to four Attorneys. When we discuss the LPA with you, you can decide whether you want all your Attorneys to be required to act together, or if you are happy for them to act independently. Alternatively, you can specify someone as your preferred Attorney, and nominate someone else to replace them if your preferred Attorney is unable to act. If you choose this route, please write 'REPLACEMENT' after the name of your replacement Attorney.

There is no automatic right for an attorney to see your Will. Would you be happy for us to give a copy of your Will to your attorney(s)? YES/NO

FIRST ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

DETAILS CONTINUED

SECOND ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

THIRD ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

FOURTH ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

CERTIFICATE PROVIDER

This is someone who will certify that you understand what you are doing and that no-one is putting pressure on you to make the LPA. We can do this for you if you are not appointing anyone from this firm to be your Attorney. If you do not wish us to be your certificate provider then you can use your medical practitioner, although there may be a charge. Alternatively, you can choose a friend (not a relative) to give the certificate. They must have known you well for more than two years and they will need to attend our office with you.

CERTIFICATE PROVIDER'S DETAILS

Full Name: _____

Address: _____

How do you know them? _____

Contacts

If you have any queries please do not hesitate to contact a member of our dedicated team.

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