



**PLEASE ANSWER ALL APPLICABLE QUESTIONS IN FULL**

## YOUR DETAILS

<p><b>Full Name</b> (including any middle names):</p>	
<p><b>Address:</b></p>	
<p>Home Telephone number:</p>	
<p>Mobile Telephone Number:</p>	
<p>Email:</p>	
<p>Date of birth:</p>	
<p>Do you have a Power/Powers of Attorney already?</p> <p>This may be an Enduring Power (EPA) or Lasting Powers of Attorney (LPAs).</p> <p><b>Please tick ALL that apply</b></p>	<p> <input type="checkbox"/> YES: EPA  <input type="checkbox"/> YES: LPA - Property &amp; Finances  <input type="checkbox"/> YES: LPA - Health &amp; Welfare  <input type="checkbox"/> NO         </p> <hr/> <p><b>If YES, please provide a copy.</b></p>
<p>Relationship status:</p>	<p> <input type="checkbox"/> Married  <input type="checkbox"/> Civil Partnered  <input type="checkbox"/> Single  <input type="checkbox"/> Widowed  <input type="checkbox"/> Cohabiting         </p>

## TYPE OF LASTING POWER OF ATTORNEY

**Tick which LPA(s) you wish to make:**

- Property and Financial Affairs LPA  
 Health and Welfare LPA

## CHOICE OF ATTORNEY(S)

Your attorney(s) must be over 18.

Who would you like to appoint as your attorney(s)?

It is usually best to have between 1 and 4 appointed.

Attorney One

Full Name:  
Address:

Contact number:  
Email:  
Date of Birth:  
Relation to you:

Attorney Two

Full Name:  
Address:

Contact number:  
Email:  
Date of Birth:  
Relation to you:

Attorney Three

Full Name:  
Address:

Contact number:  
Email:  
Date of Birth:  
Relation to you:

Attorney Four

Full Name:  
Address:

Contact number:  
Email:  
Date of Birth:  
Relation to you:

## HOW SHOULD YOUR ATTORNEY(S) ACT?

Tick how you would like your attorney(s) to act:

- Jointly (never alone)  
 Jointly and severally (can act together and separately)  
 I am only appointing one attorney

## WHEN SHOULD YOUR ATTORNEY(S) BEGIN TO ACT?

You can decide whether Property & Finances attorney(s) may act straight away (whilst you have capacity) or only if you have lost capacity.

Your Health & Welfare attorney(s) can only act if you lose mental capacity.

### If you are making a Property and Financial Affairs LPA,

when would you like your attorney(s) to be able to act?

- Straight away  
 Only if I have lost capacity

**We will discuss your options in our meeting.**

## REPLACEMENT ATTORNEY(S)

If your primary attorney(s) cannot act, who would you like to act as replacement attorney(s)?

### Replacement Attorney One

Full Name:

Address:

Contact number:

Email:

Date of Birth:

Relation to you:

### Replacement Attorney Two

Full Name:

Address:

Contact number:

Email:

Date of Birth:

Relation to you:

- I want to have more replacement attorneys

(If you want more than two replacement attorneys, please provide details on page 8).

## WHEN SHOULD YOUR REPLACEMENT ATTORNEY(S) STEP IN?

When should your replacement attorney(s) step in to act?

Only when ALL primary attorney(s) cannot act

**OR**

As soon as any one attorney cannot act

## YOUR CHOSEN CERTIFICATE PROVIDER

Someone must sign to confirm you understand what you are doing in making your LPA and that you are not being influenced to make the document. This person is called the certificate provider.

**We will usually act as your certificate provider.**

Who do you want to be your certificate provider?

BakerLaw (standard)

**OR**

Someone else (please give details below)

The certificate provider can be someone who has known you personally for more than 2 years **OR** a professional person (such as a solicitor). They will need to meet with you to discuss the document and sign the document after you.

The certificate provider must not be a member of your family or the attorney's family.

Certificate Provider full name:

Address:

Telephone number:

Email:

## WHEN SHOULD THE LPA(S) BE REGISTERED?

LPAs cannot be used until they are registered with the Office of Public Guardian. It currently takes 22 weeks for the Office of the Public Guardian to register documents.

Would you like the LPA(s) registered immediately?

YES (recommended)  
 NO

## YOUR WILL

If you have made a Will, depending on what is included in the Will, your attorney(s) may require access to a copy.

Are you happy for your attorney(s) to have access to a copy of your Will if required?

YES  
 NO

## PREFERENCES AND INSTRUCTIONS

**You can include additional provisions in your LPA(s). These are:**

- 1) Preferences: these indicate your wishes to your attorney(s)
- 2) Instructions: these give legal powers to, or bind your attorney(s)

Please list any specific preferences or instructions you may have.

We include certain instructions as standard which we will discuss with you in our meeting.

I don't have any preferences or instructions.

**OR**

Preferences:

Instructions:

## FINANCIAL INFORMATION

<b><u>ASSETS</u></b>	<b>Details</b>	<b>Value/Share</b>
<p>Do you own your home?</p> <ul style="list-style-type: none"> <li>Please provide details of your % share and its value.</li> </ul> <p>How is the property owned?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Solely</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>
<b>Do you own any other properties?</b>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<b>Bank/building society accounts</b>	ALL accounts total	£
<b>Investments</b> (shares, NS&I etc)	ALL accounts total	£
<b>Foreign assets</b>	ALL foreign assets total	£
<b>Business assets</b>	ALL business assets total	£

<b><u>LIABILITIES</u></b>	<b>Details</b>	<b>Outstanding amount</b>
<b>Mortgages</b>	Home Mortgage Amount	£
	Other properties TOTAL mortgage amount	£
<b>Bank loans</b>	ALL loans total	£
<b>Overdrafts</b>	ALL overdrafts total	£
<b>Credit Card balances</b>	ALL credit card balances total	£
<b>Other</b>	ALL other liabilities total	£

# HEALTH & CARE INFORMATION

Do you have any diagnoses of any kind?

YES  
 NO

**If YES**

Please give details below:

Diagnosis 1 \_\_\_\_\_

Diagnosis 2 \_\_\_\_\_

Diagnosis 3 \_\_\_\_\_

If you have any more diagnoses, please give details under 'Any Other Details' on page 8.

Are you currently taking any prescribed medications?

YES  
 NO

**If YES**

Please give details below:

Medication 1 \_\_\_\_\_

Medication 2 \_\_\_\_\_

Medication 3 \_\_\_\_\_

If you have any more medications, please give details under 'Any Other Details' on page 8.

Do you currently have any care arrangements in place? Such as companions or carers coming to see you at home?

YES  
 NO

**If YES**

Please give details below:

## ANY OTHER DETAILS

Please provide details of any **additional information from earlier questions**

**OR**

Details of anything else you think we should know.

Please return this form to us by either email to [privateclient@baker-law.co.uk](mailto:privateclient@baker-law.co.uk) or by post to BakerLaw LLP, Gostrey House, Union Road, Farnham, Surrey, GU9 7PT.

# Thank You!

We will review your questionnaire and contact you within 7 working days.