Key Questions for LPA Application

Key questions in relation to your LPA application.
Once you have completed the following information, please return to Lexington prior to your meeting.

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LEXINGTON ASSOCIATES

Donor Details

Title

Full Name

Date of Birth

Address

Does the donor possess mental capacity? ☐ Yes ☐ No

Setting up your LPA

Your new LPA

Please choose the type of LPA that you would like to set up:

☐ Health & Welfare ☐ Property & Financial Affairs ☐ Both

Existing LPA

Do you have an existing LPA or EPA?

☐ Yes ☐ No

If yes, what is the reason for the change? (i.e. replacement attorneys)

Certificate provider for your new LPA

Please let us know a professional person or someone that has known you well for at least 2 years.

Title | Full Name | Date of Birth

Address | Relationship to Donor

Attorneys

These are the people you pick to make decisions for you.

Attorney #1

Full Name | Date of Birth | Relationship to Donor

Address

Attorney #2

Full Name | Date of Birth | Relationship to Donor

Address

Attorney #3

Full Name | Date of Birth | Relationship to Donor

Address

Attorney #4

Full Name | Date of Birth | Relationship to Donor

Address

Making Decisions

How should your attorneys make decisions? How should your attorneys act if you have more than one? Please note that unless you state otherwise your reserve attorneys will act jointly.

Please choose one of the options below:

- ☐ a) I only have one attorney
- ☐ b) Jointly and severally (attorneys can make decisions on their own or together, it also means if one of the attorneys dies or can no longer act, your LPA will still work).
- ☐ c) Jointly (they must agree unanimously on every decision, if one attorney dies or can no longer act, all your attorneys become unable to act).
- ☐ d) Jointly for some decisions, jointly and severally for other decisions (they must agree unanimously on some decisions, but can make others on their own, these decisions must be listed).

If you have selected (d) above, please use the box below to list which decisions can be made jointly, and which can be made individually:

Permissions

Do you give permission for your attorneys to give or refuse consent to life sustaining treatment on your behalf? ☐ Yes ☐ No

If yes, please sign below:

Do you give permission for your attorneys to view contents of the Will? ☐ Yes ☐ No

Preferences and Instructions

Preferences

This is optional, however if you are completing this section please use words like “prefer” and “would like”.

Please list your preferences below:

Instructions

Your attorneys will have to follow your instructions exactly. Please use words like “must” and “have to”.

Please list your instructions below:

LPA Application

Application Notifications

Would you like to notify anyone when the LPA is registered? (This is optional) ☐ Yes ☐ No

If yes, please give details below of the name and address of those people to notify:

Who is applying to register the LPA?

Donor:

Attorney(s):

Who do you want to receive the LPA?

Donor:

Attorney(s):

Other:

Reduced fee or exemption

Are you entitled to a reduced fee or exemption? ☐ Yes ☐ No

If yes, please give details on the grounds of your request:

Questions by Associate

Listed below are several questions that an associate will ask you, completing the information is optional but will help to speed up the process of your application:

What is your understanding of an LPA?

Who suggested you make an LPA?

Has anyone pressurised you to make this LPA?

Declaration

☐ I confirm that to the best of my knowledge and belief, all statements made are true and complete and have been recorded accurately in this questionnaire.

Signature

Date