

**HORNE ENGALL & FREEMAN LLP**

01784 432292

Lasting Power of Attorneys (LPA) Questionnaire

**PLEASE NOTE THAT IF YOUR LASTING POWERS OF ATTORNEY ARE REGISTERED SHOWING INCORRECT OR INCOMPLETE INFORMATION THEN THIS COULD CAUSE PROBLEMS WITH THEM BEING ACCEPTED BY INSTITUTIONS IN THE FUTURE. PLEASE PROVIDE US WITH FULL NAMES INCLUDING MIDDLE NAMES AND CAREFULLY CHECK THAT ALL NAMES AND ADDRESSES ARE SPELT CORRECTLY AND ALL DATES OF BIRTH ARE CORRECT**

1. Please specify if you would like:
  - (a) Property and Finance LPA
  - (b) Both Property and Finance and Health and Welfare LPA

**WE ALWAYS ADVISE THAT YOU OBTAIN BOTH THE PROPERTY AND FINANCE AND HEALTH AND WELFARE LPAs AS THIS WILL ENSURE THAT YOUR ATTORNEYS WILL BE ABLE TO ACT IN ANY EVENTUALITY.**

2. Information about the person who is making LPA:  
Full Name and Title (**please include any middle names**)  
Please confirm if known by any other name on financial documents

Full Address:

Date of Birth:

Telephone Number:

Email-Address:

3. Information about the Attorneys (if Individuals):

Attorney 1

Full Name and Title

Full Address:

Date of Birth:

Telephone Number:

Email-Address:

Attorney 2

Full Name and Title

Full Address:

Date of Birth:

Telephone Number:

Email-Address:

Attorney 3

Full Name and Title

Full Address:

Date of Birth:

Telephone Number:

Email-Address:

Attorney 4

Full Name and Title

Full Address:

Date of Birth:

Telephone Number:

Email-Address:

4. Information about the Attorneys (if a trust company):

Company Name:

Address

5. Information about the Replacement Attorneys (you can have up to four)

Full Name and Title

Full Address:

Date of Birth:

Telephone Number:

Email-Address:

6. How you want your Attorneys to make decisions (this will be discussed further at our first meeting):

- (a) Jointly (Attorneys must make all decisions together. If one Attorney cannot act, then neither can the other)
- (b) Jointly and Severally (Attorneys can act together or independently. If one Attorney cannot act the other(s) can carry on)
- (c) Jointly for some decisions, and jointly and severally for other decisions (if this option is picked then please specify the circumstances you would like your Attorneys to make decisions jointly or jointly and severally)

7. How you want your Replacement Attorneys to make decisions:

- (d) Jointly
- (e) Jointly and Severally
- (f) Jointly for some decisions, and jointly and severally for other decisions  
Guidance for (c)

8. Information about people to whom the notice will be given about this LPA (optional):

We would advise notifying anyone who is not named as an Attorney or Replacement Attorney who may have expectations of having one of those roles.

(a) First Person to be told:

Full Name and if known by any other name:

Full Address:

(b) Second Person to be told:

Full Name and if known by any other name:

Full Address:

9. Certificate Provider:

Your doctor or a friend who has known you for over 2 years who is happy to certify that you understand the nature and effect of the Lasting Power of Attorney document(s) and that you are making the document(s) of your own free will.

(i) Full Name and Title:

Full Address:

Profession/Relationship to you

Approximately how long have you known them:

Telephone Number:

Email-Address:

10. Details of any preferences or instructions you would like within your Lasting Power of Attorney (if any)  
For Example: -

#### Property and Finance LPA

- Do you wish your Attorneys to have sight of your Will?
- Do you make any regular gifts to friends, family members or Charities you would like your Attorneys to continue making?
- Do you want your Attorneys to consult a financial advisor when investing over a certain amount?
- Do you want your Attorneys to use an accountant to prepare your tax returns?

#### Health and Care LPA

- Do you have dietary wishes you want your Attorneys to continue (i.e. vegetarian diet)
- Do you have specific treatments you do not wish your Attorneys to consent to (e.g. blood transfusion)
- Do you have a preference as to where you wish to live?
- Do you have regular treatments you wish to continue (e.g. manicures)

The current fees of Horne Engall & Freeman LLP are as follows:-

**Property and Finance LPA only for one client**

Horne Engall & Freeman fees	£410.00 plus VAT
Office of the Public Guardian fees	£82.00

**Property and Finance LPA for a couple**

Horne Engall & Freeman fees	£720.00 plus VAT
Office of the Public Guardian fees	£164.00

**Property and Finance and Health and Care LPA for one client**

Horne Engall & Freeman fees	£650.00 plus VAT
Office of the Public Guardian fees	£164.00

**Property and Finance and Health and Care LPA for a couple**

Horne Engall & Freeman fees	£1,100.00 plus VAT
Office of the Public Guardian fees	£328.00

**Extra costs**

Home visits	£50.00 plus VAT per visit (plus petrol expenses)
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Horne Engall & Freeman to act as Certificate Provider	£50.00 per client
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Once the registration process has been completed a letter will be issued by the Office of the Public Guardian as to the use of certified copies. Horne Engall & Freeman LLP can prepare certified copies for you at a cost of £30.00 per Power.

ON COMPLETION OF THIS QUESTIONNAIRE PLEASE CONTACT KATIE MCCANN OR SARAH SIMPSON OF HORNE ENGALL & FREEMAN LLP 47A HIGH STREET EGHAM SURREY TW20 9ES. TELEPHONE 01784 432292; EMAIL [RECEPTION@HEFLLP.CO.UK](mailto:RECEPTION@HEFLLP.CO.UK); WHO CAN THE ASSIST IN TAKING YOUR INSTRUCTIONS.

**Please note that this questionnaire is only to give us an indication of your wishes and to enable us to start the drafting of the documents. All documents will be discussed in detail with the person making the LPA prior to being signed.**

**It is essential that you carefully check the information within the documents prior to it being sent for registration to ensure it is correct and reflects your wishes.**