Lasting Powers of Attorney

Instruction sheet, property & financial affairs

Your details

Full name *(including title, maiden name or former names)*

Address

Telephone **Email**

Date of birth ***Social Security number***

Are you currently in receipt of benefits (including Long Term Care benefits)? *Yes* *No*

Your attorney(s)

You may appoint one or more attorney(s) who can be a friend, family member or professional.

Attorney 1 full name *(including title)*

Address

Telephone **Email**

Date of birth ***Social Security number***

Relationship to you

Authority to transact on Immovable property? *Yes* *No*

Nicollemarshall.com
info@nicollemarshall.com
01534 749660
Nicolle Marshall LLP, Osprey House, Old Street, St Helier, Jersey, JE2 3RG

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Your attorney(s)

You may appoint one or more attorney(s) who can be a friend, family member or professional.

Attorney 2 (if applicable) full name *(including title)*

Address

Telephone **Email**

Date of birth ***Social Security number***

Relationship to you

Authority to transact on Immovable property? *Yes* *No*

How do you wish your attorneys to make decisions?

Jointly *(always together)* ***OR*** ***Joint & severally*** *(they may act together or separately)*

If you are appointing more than one Attorney, please detail any decisions which you may wish for only one or all of them to make (i.e. sale of the family home or a move into care)

If any of your chosen attorneys is your husband / wife / civil partner, would you wish for them to continue acting as your Attorney if your relationship ends?

Yes *No* *N/A*

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Replacement attorney(s)

Replacement attorney(s) step in as attorney when one of your first named attorneys is unable to act.
If you wish to appoint a replacement, please complete their details below.

Replacement Attorney 1 full name *(including title)*

Address

Telephone **Email**

Date of birth ***Social Security number***

Relationship to you

Authority to transact on Immovable property? *Yes* *No*

Replacement Attorney 2 full name *(including title)*

Address

Telephone **Email**

Date of birth ***Social Security number***

Relationship to you

Authority to transact on Immovable property? *Yes* *No*

Your attorney(s) powers

Instructions - *these are things that your attorney(s) must or must not do when making decisions for you.*
If you leave this section blank then your attorneys will be free to make decisions that they think are right.

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Your attorney(s) powers (continued)

Preferences *- these are things that you would like your attorney(s) to consider when making decisions for you (e.g. your wishes, beliefs and values).*

Notification recipients

You can choose up to 5 people who the Judicial Greffe will inform when you apply to register your LPA. These people could be family members or close friends who will be able to raise concerns (if they have any) when your LPA is registered.

Person 1 to be notified *(including title)*

Address

Relationship to you

Person 2 to be notified *(including title)*

Address

Relationship to you

Please complete this form and return to:

Clare Nicolle
Partner & Advocate
clare@nicollemarshall.com

Sarah Hope
Associate
sarah@nicollemarshall.com

Kirsten Rowe
Senior Paralegal
kirsten@nicollemarshall.com

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