

Lasting Powers of Attorney Property and Affairs



ABOUT YOU

Confidential

Title	
Full name (including maiden name and any former names)	
Date of Birth	
Social Security Number	
Address	
	Post Code
Telephone	Email address
Are you currently in receipt of benefits, including Long Term Care benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>	

YOUR ATTORNEY(S)

You can appoint one or more individuals as your attorney. Your attorney can be a friend, family member or a professional such as Voisin (via its corporate entity). A professional will usually charge fees for this service.

Attorney 1 Name	
Date of Birth	
Social Security Number	
Address	
	Post Code
Telephone	Email address
Relationship to you	
Authority to transact in respect of your immovable (real) property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attorney 2 Name	
Date of Birth	
Social Security Number	
Address	
	Post Code
Telephone	Email address
Relationship to you	
Authority to transact in respect of your immovable (real) property? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you would like to appoint more than two attorneys please complete additional copies of this page.

HOW SHOULD YOUR ATTORNEYS MAKE DECISIONS?

Jointly (always together) OR Jointly and severally (they can act together but can also act separately).

If you are appointing more than one attorney, please detail any specific decisions which you wish only to be made by one or all of them (i.e. decisions on investment of assets may need agreement of all attorneys or can only be made by "Attorney 1")

WHEN DO YOU WANT YOUR ATTORNEY(S) TO HAVE AUTHORITY TO ACT ON YOUR BEHALF?

Immediately OR When you lose capacity

REPLACEMENT ATTORNEY

Replacement attorneys will act as your attorney in the event that one of your above nominated attorneys is unable to act. If you wish to appoint a replacement attorney please complete their details below:

Replacement Attorney 1 Name

Date of Birth

Social Security Number

Address

Post Code

Telephone

Email address

Relationship to you

Authority to transact in respect of your immovable (real) property? Yes No

Replacement Attorney 2 Name

Date of Birth

Social Security Number

Address

Post Code

Telephone

Email address

Relationship to you

Authority to transact in respect of your immovable (real) property? Yes No

If you would like to appoint more than two replacement attorneys please complete additional copies of this page.

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 they think are in your interests.

Please outline any instructions in the box below:

PREFERENCES

These are things you **would like** your attorneys to consider when making decisions for you, (e.g. your wishes, beliefs and values).

Please outline any preferences in the box below:

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	
Name	
Address	
	Post Code
Telephone number	Email address
Relationship to you	
Person 2 to be notified	
Name	
Address	
	Post Code
Telephone number	Email address
Relationship to you	

If you would like more than two people to be notified please complete additional copies of this page.

Please complete this form and return to **Clare Nicolle** clarenicolle@voisinlaw.com, **Angela Roscouet** angelaroscouet@voisinlaw.com or **Sarah Hope** sarahhope@voisinlaw.com



Lasting Powers of Attorney Property and Affairs Guidance



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 they think are right and in your best interests. Instructions will use words such as “*must*”, “*will*” and “*have to*”.

Examples of Instructions:

House:

- My attorney(s) must not sell my home, unless, in my doctor’s opinion, I can no longer live alone without a lot of extra help.

Gifts & Donations*:

- My attorney(s) must continue to make donations to charities that I already support. If I have set up standing order payments to charities, these should continue.
- My attorney(s) must not make any gifts.
- My attorney(s) must pay maintenance of £500 to my son every month.

Administration:

- My attorney(s) must send annual accounts to my brothers and sisters.
- My attorney(s) must instruct a tax accountant to prepare my annual tax return.
- My attorney(s) shall have the power to delegate investment decisions to a properly qualified, professional investment manager.

PREFERENCES

These are things you would like your attorneys **to consider** when making decisions for you, (e.g. your wishes, beliefs and values). These are words such as “*prefer*” or “*would like*”.

Examples of Preferences:

Investments:

- I would like to maintain a balance of £1,000 in my current account.
- I prefer to invest in ethical funds.
- I would like my attorney(s) to ask my doctor if they believe I may not have capacity to make decisions about my house.

Gifts & Donations*:

- I would like to donate £100 each year to Cancer Research.

Your Will(s):

- I would like my attorney(s) to be provided with a copy of my Will(s).

*Gifts & Donations

The Law enables gifts to be made by an attorney; however only in certain circumstances.

Your attorney may make payment to certain members of your family for their maintenance or other benefit and also gifts on ‘customary occasions’ (birthdays, Christmas etc.) However these payments or gifts must not be unreasonable having regard to all the circumstances and in particular to the size of your estate. If you would like your attorney(s) to make such gifts you should state this as an instruction or a preference.



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