

## Lasting Powers of Attorney

A Lasting Power of Attorney (LPA) is a legal document that lets you (**the "donor"**) appoint one or more people (known as **"attorneys"**) to help you make decisions or make decisions on your behalf. LPAs can be useful in situations where you are unable physically, or lack the capacity mentally, to make decisions at the time they need to be made.

There are 2 types of LPA and you choose to make one type or both.

The **Property and Financial Affairs LPA** covers property and money matters, such as:

- using the donor's bank and building society accounts
- Managing savings and investments
- claiming, receiving and using the donor's benefits, pensions and allowances
- paying household, care and other bills for the donor
- buying or selling the donor's home



Once registered, your attorneys can (with your permission if you have mental capacity) use this LPA straightaway (unless you

The **Health and Welfare LPA** covers health and care decisions such as:

- where the donor lives
- their day-to-day routine
- personal care
- medical treatments



Once registered, this LPA can only be used in the event you lose mental capacity to make decisions for yourself.

### Points to note:

- An LPA is not valid until it has been drafted, signed by the donor, the certificate provider and the attorneys and has been registered with the Office of the Public Guardian.

Someone chosen by you (the **"certificate provider"**) must sign your LPA to confirm you understand the purpose and significance of a Lasting Power of Attorney and you have the mental capacity to make it. A certificate provider can be:

- someone who has known you for at least 2 years (e.g. friend, neighbour, colleague)
- someone with relevant professional skills e.g. a GP or healthcare professional, or a solicitor

In appropriate cases we are able to act as certificate provider (see further below).

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## The Process

Preparing an LPA is a 2 stage process:

- Stage 1: Drawing up the LPA documents (from the information in the questionnaire attached to this document) and signing the LPA
- Stage 2: Registering the LPA with the Office of the Public Guardian (OPG)

You may decide not to register your LPA now but please note the following:

- An LPA cannot be used until it has been registered with the OPG
- Registration can take up to 10 weeks
- We recommend that LPAs are registered straightaway; then put away for safekeeping until required in the future.

## Fees

There is a court fee of £110.00 for each LPA being registered, payable to the Office of the Public Guardian. This is shown below where it applies.

A	One Person – single LPA	If we act as certificate provider	If you have a certificate provider	Court fee
	Stage 1 and 2: Preparing and registering with the OPG	£500 plus VAT	£450 plus VAT	£110
	Stage 1 only: Preparing LPA (not registering with OPG)	£400 plus VAT	£350 plus VAT	

B	One Person – both LPAs	If we act as certificate provider	If you have a certificate provider	Court fee
	Stage 1 and 2: Preparing and registering with the OPG	£600 plus VAT	£550 plus VAT	£220
	Stage 1 only: Preparing LPA (not registering with OPG)	£500 plus VAT	£450 plus VAT	

C	Couple – pair of single LPAs	If we act as certificate provider	If you have a certificate provider	Court fee
	Stage 1 and 2: Preparing and registering with the OPG	£800 plus VAT	£750 plus VAT	£220
	Stage 1 only: Preparing LPA (not registering with OPG)	£600 plus VAT	£550 plus VAT	

D	Couple – pair of both types of LPAs	If we act as certificate provider	If you have a certificate provider	Court fee
	Stage 1 and 2: Preparing and registering with the OPG	£1200 plus VAT	£1150 plus VAT	£440
	Stage 1 only: Preparing LPA (not registering with OPG)	£1000 plus VAT	£950 plus VAT	

## LPA Questionnaire

(please complete all sections unless marked optional)

### Section 1 – Who is the person making the power of attorney (“the Donor”)

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> if other please specify
Full Name	
Address	
Date of birth	
Daytime telephone number	
Email address	

### Section 2 – What type of Lasting Power of Attorney is required? (please tick)

Property and Financial Affairs

Health and Welfare

Both

### Section 3 – Who is going to be the attorney(s) ?

Attorneys are the people chosen to act and make decisions on behalf of the donor. You can appoint just one person (but consider a replacement attorney below) or up to 5. They must be over 18.

	<b>Attorney 1</b>	<b>Attorney 2 (optional)</b>
Title (if other please specify)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Full Name		
Address		
Date of birth		
Daytime telephone no:		
Email address		
Relationship to the Donor		

Further attorneys (up to 5 in total) – please use continuation sheet

**If more than one attorney is appointed, how are the attorneys to act? (tick one box)**

Please ask if you would like guidance on this section

<p>Jointly</p>	<p>Attorneys must agree unanimously on every decision and they must not act on their own.</p> <p>If one attorney dies or is unable to act, your LPA will stop working and none of your appointed attorneys can act (unless you have appointed a replacement).</p> <p>We do not recommend that you direct your attorneys to act in this way.</p>	<input type="checkbox"/>
<p>Jointly and severally</p>	<p>Attorneys can make decisions together or separately (e.g. if one attorney is not available to act at a certain time).</p> <p>If one attorney dies or is unable to act, the other attorneys can still act under the LPA.</p>	<input type="checkbox"/>
<p>Jointly for some decisions and separately for others</p>	<p>Although it is possible to direct your attorneys to act in this way, we do not recommend that you do so. If you would like further information or guidance on this please ask us.</p>	<input type="checkbox"/>

**Investments**



Do you:

have investments managed by a bank or fund manager on a discretionary basis

**or**

want your attorneys to let a bank or fund manager manage your investments in future?



**Attorneys must be given express permission to deal with these investments**

**Life sustaining treatment**



You must choose whether your attorneys can give, or refuse, consent to life sustaining treatment on your behalf.

**Option A** – By giving your attorneys authority, they can speak to doctors on your behalf as if they were you and consent or refuse life sustaining treatment.

**Option B** – Your attorneys do not have authority. The views of your attorneys and others e.g. family members will be taken into account but the ultimate decision rests with doctors.

Please let us know if you wish to discuss this or if you would like further guidance notes.

#### Section 4 – Replacement attorney(s) (optional)

Replacement attorneys are a backup in the event that one of your attorneys is unable to act in the future. Replacement attorneys are optional. If you appoint more than one replacement, they will all step in at once (and they will be assumed to act jointly unless you specify otherwise).

	<b>Replacement attorney 1</b>	<b>Replacement attorney 2</b>
Title (if other please specify)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Full Name		
Address		
Date of birth		
Daytime telephone no:		
Relationship to the Donor		

Further replacement attorneys – please use continuation sheet

#### Section 5 – People to notify when the LPA is registered (optional).

This section is optional. Depending on your circumstances, it may be sensible to give notice to someone (not your attorneys) that you are making and registering the LPA. This provides an opportunity for concerns or objections to be raised before the LPA is registered and can be used.

	<b>Person to notify</b>
Title (if other please specify)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Full Name	
Address	
Daytime telephone no:	
Relationship (if any) to the Donor	

## Section 6 –Who will be the certificate provider?

A certificate provider is a person (not your attorney) who signs your LPA to confirm you understand the purpose and significance of a Lasting Power of Attorney and you have the mental capacity to make it. A certificate provider can be:

- someone who has known you for at least 2 years (e.g. friend, neighbour, colleague)
- someone with relevant professional skills e.g. a GP or healthcare professional, or a solicitor

In appropriate cases we are able to act as certificate provider; our fee for doing so is £50 per LPA.

If you would like us to act as your certificate provider, please confirm:

Otherwise please give details of your certificate provider:

Certificate provider's details	
Title (if other please specify)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Full Name	
Address	
How do they know you? (please give details including how long they have known you )	In a professional capacity <input type="checkbox"/> Friend / other <input type="checkbox"/>

## Registering your LPA

Although not compulsory, in most cases, we recommend that the LPAs are registered as soon as they are made.

The fee is £110.00 per LPA being registered, payable to the Office of the Public Guardian. We ask you to provide us with the fee in advance of when we make the application.

**Please tick this box if you DO NOT wish your LPAs to be registered at this stage.**

**Continuation sheet (if required)**

	<b>Attorney 3</b>	<b>Attorney 4</b>	<b>Attorney 5</b>
Title (if other please specify)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Full Name			
Address			
Date of birth			
Daytime telephone no:			
Email address			
Relationship to the Donor			

	<b>Replacement attorney 3</b>	<b>Replacement attorney 4</b>	<b>Replacement attorney 5</b>
Title (if other please specify)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Full Name			
Address			
Date of birth			
Daytime telephone no:			
Relationship to the Donor			