

ENDURING POWER OF ATTORNEY (FOR PROPERTY) DATAFORM INFORMATION

Person 1 Full Name: (Donor)	
Any other name by which I am known by:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Residential address:	
Email address:	
Contact phone number(s):	
Attorney 1 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Attorney 2 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Attorney 3 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Other information:	<input type="checkbox"/> to act only when I become mentally incapable <input type="checkbox"/> to act while I am mentally capable and to continue to act when I am mentally incapable
	<input type="checkbox"/> jointly <input type="checkbox"/> severally <input type="checkbox"/> jointly and severally
First Successor Attorney full name:	

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Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Second Successor Attorney full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	

JOINT SUCCESSOR ATTORNEYS

Joint First Succr Attorney full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Joint First Succr Attorney full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Other information:	<input type="checkbox"/> to act only when I become mentally incapable <input type="checkbox"/> to act while I am mentally capable and to continue to act when I am mentally incapable
If more than one Attorney in the first instance they are authorised to act:	<input type="checkbox"/> jointly <input type="checkbox"/> severally <input type="checkbox"/> jointly and severally
Joint Second Succr Attorney full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	

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Joint Second Succr Attorney full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
Other information:	<input type="checkbox"/> to act only when I become mentally incapable <input type="checkbox"/> to act while I am mentally capable and to continue to act when I am mentally incapable
If more than one Attorney in the first instance they are authorised to act:	<input type="checkbox"/> jointly <input type="checkbox"/> severally <input type="checkbox"/> jointly and severally

SECTION G: Your Attorney(s) can act on your behalf on:	<input type="checkbox"/> all of your property affairs <input type="checkbox"/> only part of your property affairs that you have specified as follows: _____ _____ _____ _____
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SECTION H: Do you want the Family Court to be able to authorise your Attorney(s) to make a Will for you when you are no longer capable of making one? YES NO

CONSULTATION

SECTION I: Consultation – do you want to name any person(s) that your Attorneys(s) must consult about your property? YES NO
 If **NO** go to Section J **OR** If **YES** complete below

Providing information applies to:	<input type="checkbox"/> Attorney(s) <input type="checkbox"/> Successor Attorney(s) only
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Consult 1 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Person 1 must be consulted about: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) (<i>warning: this could include living expenses and may be a burden for Attorney</i>) OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: _____ _____ _____ _____

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Consult 2 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Person 2 must be consulted about: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) (<i>warning: this could include living expenses and may be a burden for Attorney</i>) OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/> <hr/> <hr/>
Consult 3 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Person 3 must be consulted about: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) (<i>warning: this could include living expenses and may be a burden for Attorney</i>) OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/> <hr/> <hr/>
Consult 4 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Person 4 must be consulted about: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) (<i>warning: this could include living expenses and may be a burden for Attorney</i>) OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/> <hr/> <hr/>

PROVIDING INFORMATION

SECTION J: Do you want to name any person that your attorney must provide information to about your property?

YES NO

Providing information applies to:	<input type="checkbox"/> Attorney(s) <input type="checkbox"/> Successor Attorney(s) only
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Inform 1 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be given to be Person 1: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions)	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/>

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<input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) <i>(warning: this could include living expenses and may be a burden for Attorney)</i> OR →	<hr/> <hr/>
Inform 2 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be given to be Person 2: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) <i>(warning: this could include living expenses and may be a burden for Attorney)</i> OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/> <hr/>
Inform 3 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be given to be Person 3: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) <i>(warning: this could include living expenses and may be a burden for Attorney)</i> OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/> <hr/>
Inform 4 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be given to be Person 4: <input type="checkbox"/> major decisions only (unspecified by could include e.g. sale of house or major financial decisions) <input type="checkbox"/> all of your property affairs for which my Attorney(s) has authority (Section G) <i>(warning: this could include living expenses and may be a burden for Attorney)</i> OR →	<input type="checkbox"/> only part of your property affairs that you have specified as follows: <hr/> <hr/> <hr/>

ADDITIONAL INFORMATION REQUIRED:

SECTION K: Do you want to give your Attorney(s) authority to use your property for their own benefit or for the benefit of any other person?

- NO**
- YES**

My Attorney(s) can act to their own benefit as stated:

- Yes - my Attorney(s) can act to the benefit of the following persons as specified:

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Person 1 full name:	
Title:	Mr / Mrs / Miss / Ms / Other _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Other Information – you give Person 1 the following benefits:	

Person 2 full name:	
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Other Information – you give Person 2 the following benefits:	

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SECTION L: Do you want your Attorney(s) to use your property to provide celebratory gifts or charitable donations? Your Attorney is not required to make these gifts or donations and should only do so having regard to your overall financial circumstances and commitments.

- NO**
- YES - you authorise your Attorney to provide out of your property celebratory gifts of not more than the following maximum value to the following people, including any that are born after the date on which this EPA was signed:
 - my children
 - my grandchildren
 - my nieces and nephews
 - my great-grandchildren
 - other people (specify):

Maximum value of each gift: \$ _____

You authorise your Attorney(s) to make annual donations to the following charities:

Amount \$ _____ to _____

Amount \$ _____ to _____

Amount \$ _____ to _____

Amount \$ _____ to _____

SECTION M: The EPA Property is subject to the following conditions:

NONE / OR LIST HERE: (*Warning: conditions and restrictions may make it difficult for attorney to perform their role. Care needed*)

FURTHER EXPLANATION OF ENDURING POWER OF ATTORNEY

