



## RESTORATION

### Lasting Power of Attorney - Health and Welfare Affairs

#### Part A: About You (The Donor)

Your Details:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Understanding and Declaration:

I, \_\_\_\_\_, confirm that I understand the purpose and effect of this Lasting Power of Attorney. I willingly and voluntarily appoint the following person(s) as my attorney(s).

### Part B: Your Attorneys

#### Attorney Details:

Attorney 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Attorney 2 (if applicable):

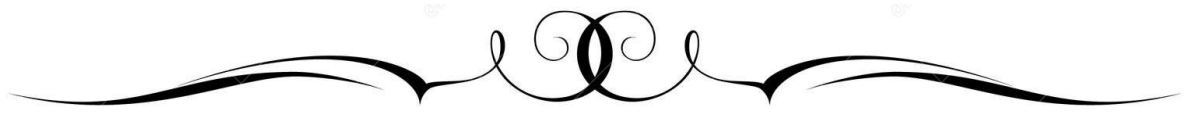
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Attorney's Powers:

My attorneys can act Jointly and Severally



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### **Part C: When Your Attorneys Can Make Decisions**

#### **Activation of LPA:**

My attorneys can make decisions: Immediately

### **Part D: Your Instructions and Preferences**

#### **Specific Instructions or Preferences Regarding Health and Welfare Affairs:**

### **Part E: People to Notify**

#### **People to Notify When LPA is Registered:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### **Part F: Certificate Provider's Declaration**

#### **Certificate Provider:**

I, \_\_\_\_\_, confirm that I have provided a certificate after assessing the donor's capacity and understanding of this LPA.



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**Part G: Donee's Statement**

**Attorney's Statement:**

I, \_\_\_\_\_, confirm my willingness to act as an attorney and understand my responsibilities.

**Part H: Witness Statement**

**Witnesses:**

Witness 1:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witness 2:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_