



RESTORATION

Lasting Power of Attorney - Property and Financial 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):

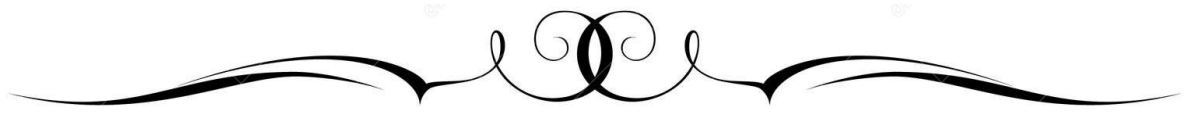
Name: _____

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 Financial 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: _____