

Enduring Powers of Attorney (EPA) Checklist

PERSONAL INFORMATION			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
	<input type="checkbox"/> Dr	<input type="checkbox"/> Other (please specify)	
Full Name:			
Are you known by another name?	<input type="checkbox"/> Yes (if yes, what other name?)		<input type="checkbox"/> No
Address:			
Email Address:			
Telephone Numbers:	Home:	Work:	Mobile:
Date of Birth:			
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> In a de facto relationship	<input type="checkbox"/> In a civil union	
Previous Enduring Powers of Attorney			
Have you ever made Enduring Powers of Attorney before?	<input type="checkbox"/> Yes (if yes, which firm did you use?)		<input type="checkbox"/> No
	<p>(We will assume that you want to cancel your previous EPAs and replace them with new ones prepared using this checklist, unless you advise us otherwise. If you are cancelling previous EPAs, you will also need to give us contact details for the attorneys named in them.)</p>		
Do you have a living will or advanced directive?	<input type="checkbox"/> Yes (if yes, please provide us with a copy)		<input type="checkbox"/> No
Family (please list details where appropriate)			
Full name of partner/spouse:			
Children of current relationship:	Name	Date of Birth	M/F
Children of previous relationship:	Name	Date of Birth	M/F
Do you have a Family Trust? (Please note that EPAs cannot be used to deal with Trust assets.)	<input type="checkbox"/> Yes (if yes, what is its name?)		<input type="checkbox"/> No

Are you the director or shareholder of any companies?	<input type="checkbox"/> Yes (if yes, please provide details)	<input type="checkbox"/> No
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INSTRUCTIONS

Personal Care and Welfare Attorney

Who do you wish to appoint as attorney for your personal care and welfare matters (e.g. medical decisions)? You may only appoint one person for personal care and welfare.

Title and Full Name:	
Relationship to you:	
Address:	
Email Address:	
Telephone Numbers:	Home: _____ Work: _____ Mobile: _____

Who do you wish to appoint to act as your personal care and welfare attorney if the first attorney wasn't able to act?

Title and Full Name:	
Relationship to you:	
Address:	
Email Address:	
Telephone Numbers:	Home: _____ Work: _____ Mobile: _____

Property Attorney

Who do you wish to appoint as attorney or attorneys for your property matters? You may appoint one or more persons.

Title and Full Name:	
Relationship to you:	
Address:	
Email Address:	
Telephone Numbers:	Home: _____ Work: _____ Mobile: _____

Title and Full Name:	
Relationship to you:	
Address:	
Email Address:	
Telephone Numbers:	Home: _____ Work: _____ Mobile: _____

If you are appointing two property attorneys, they can be required to act jointly (together), severally (either can act on their own) or jointly and severally (they can do either).

How will your property attorneys act?	<input type="checkbox"/> Jointly	<input type="checkbox"/> Severally	<input type="checkbox"/> Jointly and Severally
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Who do you wish to appoint to act as your property attorney (your first successor attorney) if the first attorney/s weren't able to act?

Title and Full Name:	
Relationship to you:	
Address:	
Email Address:	
Telephone Numbers:	Home: _____ Work: _____ Mobile: _____

Who do you wish to appoint to act as your property attorney if the first attorney/s and first successor attorney weren't able to act?			
Title and Full Name:			
Relationship to you:			
Address:			
Email Address:			
Telephone Numbers:	Home:	Work:	Mobile:
Timing of Enduring Power of Attorney			
Your personal care and welfare EPA only comes into effect if you had lost capacity.			
When would you like your property EPA to come into effect? <i>(This is useful if you are going overseas, or might like someone to be able to assist you.)</i>	<input type="checkbox"/> When it is signed	<input type="checkbox"/> Only if I lost capacity and a doctor had confirmed that	
Restrictions			
Most people want their EPAs are intended to deal with all of your personal care and welfare and property matters. If this is not correct and you wish to restrict them to certain matters, these will need to be specified.			
Do you want your personal care and welfare EPA to deal with all your matters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – please advise which matters are to be dealt with by your attorney:	
Do you want your property EPA to deal with all your property matters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – please advise which matters are to be dealt with by your attorney:	
Will			
In some circumstances a property attorney can apply to the Family Court to make a new will for a person.			
Would you like your attorney to be able to make a new will on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consultation			
There is an option in your EPA that you can require your attorneys must consult with certain people before making decisions. Who do you wish your attorney(s) to consult with?			
Title and Full Name:			
Relationship to you:			
Address:			
Email Address:			
Telephone Numbers:	Home:	Work:	Mobile:
Which matters:	<input type="checkbox"/> All Personal Care and Welfare matters	<input type="checkbox"/> All Property matters	
	<input type="checkbox"/> These Personal Care and Welfare matters:	<input type="checkbox"/> These Property matters:	
Title and Full Name:			
Relationship to you:			
Address:			
Email Address:			
Telephone Numbers:	Home:	Work:	Mobile:

Which matters:	<input type="checkbox"/> All Personal Care and Welfare matters <input type="checkbox"/> These Personal Care and Welfare matters:	<input type="checkbox"/> All Property matters <input type="checkbox"/> These Property matters:
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Title and Full Name:	
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Relationship to you:	
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Address:	
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Email Address:	
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Telephone Numbers:	Home:	Work:	Mobile:
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Which matters:	<input type="checkbox"/> All Personal Care and Welfare matters <input type="checkbox"/> These Personal Care and Welfare matters:	<input type="checkbox"/> All Property matters <input type="checkbox"/> These Property matters:
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Providing Information

There is an option in your EPA that you can require your attorneys to provide information to certain people if they request it. Who do you wish your attorney(s) to provide information to?

Title and Full Name:	
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Relationship to you:	
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Address:	
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Email Address:	
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Telephone Numbers:	Home:	Work:	Mobile:
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Which Information:	<input type="checkbox"/> All information relating to my Personal Care and Welfare matters <input type="checkbox"/> Only this information relating to my Personal Care and Welfare matters:	<input type="checkbox"/> All information relating to my Property matters <input type="checkbox"/> Only this information relating to my Property matters:
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Title and Full Name:	
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Relationship to you:	
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Address:	
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Email Address:	
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Telephone Numbers:	Home:	Work:	Mobile:
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Which Information:	<input type="checkbox"/> All information relating to my Personal Care and Welfare matters <input type="checkbox"/> Only this information relating to my Personal Care and Welfare matters:	<input type="checkbox"/> All information relating to my Property matters <input type="checkbox"/> Only this information relating to my Property matters:
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Title and Full Name:	
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Relationship to you:	
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Address:	
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Email Address:	
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Telephone Numbers:	Home:	Work:	Mobile:
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Which Information:	<input type="checkbox"/> All information relating to my Personal Care and Welfare matters <input type="checkbox"/> Only this information relating to my Personal Care and Welfare matters:	<input type="checkbox"/> All information relating to my Property matters <input type="checkbox"/> Only this information relating to my Property matters:
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Benefitting Other People

There is an option in your EPA that you can allow your attorneys to use your property to benefit someone else. If this is not included, then they may not use your property to benefit anyone other than yourself.

Attorneys are allowed to claim back any expenses they incur unless you provide otherwise in your EPA.

They are not allowed to be paid for acting as an attorney unless you provide otherwise in your EPA.

Would you like your property attorney to be able to use your property for themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like your property attorney to be able to claim their expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like your property attorney to be able to be paid to act as your attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like your property attorney to be able to use your property for your spouse/partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like your property attorney to be able to use your property for anyone else e.g. children?	<input type="checkbox"/> Yes (if yes, please provide details)	<input type="checkbox"/> No
Would you like your property attorney to be able to use your property to make celebratory gifts e.g. for birthdays?	<input type="checkbox"/> Yes (if yes, please provide details e.g. to children, grandchildren, nieces and nephews, great-grandchildren and the maximum amount)	<input type="checkbox"/> No
Would you like your property attorney to be able to use your property to make annual donations to charities?	<input type="checkbox"/> Yes (if yes, please provide details of the charity and amount)	<input type="checkbox"/> No

Further Information

Is there anything else we should know?	
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Conditions

Do you have any other requests or conditions which you would like included in your Enduring Powers of Attorney?	
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Signature: _____ **Date:** _____