

# Lasting Power of Attorney Property and Affairs

## Required Information

### Donor

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Mobile No:	
Email:	

### Attorney 1

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Mobile No:	
Email:	
Occupation:	
Relationship to Donor:	

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Registered office: High Street Bishop's Stortford Hertfordshire CM23 2LU A list of members is available from this address

Regulated by the Solicitors Regulation Authority

# Lasting Power of Attorney Property and Affairs

## Attorney 2

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Mobile No:	
Email:	
Occupation:	
Relationship to Donor:	

## Further Attorney/Replacement Attorney

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Mobile No:	
Email:	
Occupation:	
Relationship to Donor:	

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# Lasting Power of Attorney Property and Affairs

## People to be Notified

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Email:	

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Email:	

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# Lasting Power of Attorney Property and Affairs

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Email:	

Title:	Mr/Mrs/Ms/Miss/Other (please specify)
Full name:	
Date of Birth:	
Maiden Name:	
Address:	
Postcode:	
Telephone No:	
Email:	

**RACHEL CONN** [rc@stanleytee.co.uk](mailto:rc@stanleytee.co.uk)

**JENNY WALKER** [jennyw@stanleytee.co.uk](mailto:jennyw@stanleytee.co.uk)

**Tee Lorimers** Devonshire House 89 Regent Street Cambridge CB2 1AW

**Tel: 01223 311141 Fax: 01223 471665**

Web Site: [www.stanleytee.co.uk](http://www.stanleytee.co.uk)

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