

# INSTRUCTION SHEET FOR ENDURING POWER OF ATTORNEY

## DONOR

Name of Donor

Address

Email

Date of birth

**ATTORNEY NO. 1.**

Name

Address

Email

Relationship to Donor

**ATTORNEY NO. 2.**

Name	
Address	
Email	
Relationship to Donor	
<b>ALTERNATE ATTORNEY (IF REQUIRED)</b>	

Name	
Address	
Email	
Relationship to Donor	
<b>THIRD PARTY (IF REQUIRED)</b>	
Name	

Address	
Email	
Relationship to Donor	
<b>NOTICE PARTIES</b>	
<b>NOTICE PARTY NO. 1</b>	
Name	

Address	
Email	
Relationship to Donor	
<b>NOTICE PARTY NO. 2</b>	
Name	
Address	

Email		
Relationship to Donor		
<b>POWERS TO BE GIVEN TO ATTORNEYS</b>		<b>To be given:-</b> <ul style="list-style-type: none"><li>- <b>To one Attorney only (if so, specify which)</b></li><li>- <b>To both Attorneys (if so, specify whether they can act jointly or jointly and severally?)</b></li></ul>
Financial (bank accounts, stocks and shares, credit union etc)		

Property and other assets		
<b>PERSONAL CARE</b>		
Where to live / who to see		



Details re what to wear		
Personal papers – storage and review of same		
Medical care –		

<p>preferred doctor. Provide details of any ongoing treatment or rehabilitation</p>		
<p>Clothing details and supplies</p>		
<p>Other matters</p>		

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