

OUR REF:

YOUR REF:

ENDURING POWER OF ATTORNEY INSTRUCTION SHEET

Full name of person making Power of Attorney (Grantor):

.....

Residential address:

.....

Phone:

Email:

Full name and addresses of Attorney(s) (Grantee):

(Please state your relationship to the Attorney)

.....

.....

If two or more Powers of Attorney are appointed, are they to operate jointly (all parties to sign any document) or severally (any Attorney to be able to operate individually)

.....

Do you wish to appoint alternate Attorneys?

(ie. appoint husband/wife)

Full name:

OR

In the event of husband/wife predeceasing or being incapable or unable THEN appoint:

Full name(s):

.....

BRANCH OFFICES AT ROBE, PENOLA, BORDERTOWN, KEITH & KINGSTON

PRACTISING IN SOUTH AUSTRALIAN & VICTORIAN CONVEYANCING, WILLS, POWERS OF ATTORNEY & GUARDIANSHIP, DECEASED ESTATES, COMMERCIAL & RURAL LEASES, CORPORATE & TAX LAW, ESTATE & BUSINESS PLANNING, LIQUOR LICENSING, SUBDIVISIONS & PERSONAL INJURY CLAIMS