

OUR REF: **POWER OF GUARDIANSHIP INSTRUCTION SHEET**
YOUR REF: **(Medical Power of Attorney)**

Full name of person making Power of Guardianship (Donor):

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Residential address:

.....

Phone:

Email:

Full name and addresses of Guardian(s) (Donee):
(Please state your relationship to the Guardian)

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

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Do you wish to appoint alternate Guardians?
(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