

Continuation sheet 1

Additional people

Helpline
0300 456 0300



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Help?

For help with this section, see the Guide, parts A2, A4 and A6.

- ☒ **Attorney** LPA section 2
☐ **Replacement attorney** LPA section 4
☐ **Person to notify** LPA section 6

Title First names
Mr Nick
Last name
Grimshaw

Date of birth (not required for 'person to notify')

1 2 0 2 1 9 8 3

Day Month Year

Address

test
test
test

Postcode DE3 2RD

Email address (optional)

- ☒ **Attorney** LPA section 2
☐ **Replacement attorney** LPA section 4
☐ **Person to notify** LPA section 6

Title First names
Mrs Zoe
Last name
Ball

Date of birth (not required for 'person to notify')

2 0 0 3 1 9 7 5

Day Month Year

Address

test
test
test

Postcode DE1 3RD

Email address (optional)

Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

John Test

Signature or mark

Date signed or marked

2 3 0 3 2 0 2 5

Day Month Year



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Continuation sheet 1 (07.15)

Continuation sheet 1

Additional people

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☐ **Replacement attorney** LPA section 4
☐ **Person to notify** LPA section 6

Title First names

Mr James

Last name

Testeer

Date of birth (not required for 'person to notify')

0 1 0 2 2 0 0 0

Day Month Year

Address

test
test

Postcode DE2

Email address (optional)

- ☒ **Attorney** LPA section 2
☐ **Replacement attorney** LPA section 4
☐ **Person to notify** LPA section 6

Title First names

Mr John

Last name

Test

Date of birth (not required for 'person to notify')

2 3 0 2 1 9 9 9

Day Month Year

Address

Test
Test

Postcode DE2

Email address (optional)

Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

John Tester

Signature or mark

Date signed or marked

2 3 0 3 2 0 2 5

Day Month Year

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LPC Continuation sheet 1 (07.15)

Continuation sheet 1

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- ☐ **Replacement attorney** LPA section 4
- ☒ **Person to notify** LPA section 6

Title First names

MR JIMMY

Last name

MURPHY

Date of birth (not required for 'person to notify')

Day Month Year

Day Month Year

Address

2 TEST

Postcode TD1 2RF

Email address (optional)

- ☐ **Attorney** LPA section 2
- ☐ **Replacement attorney** LPA section 4
- ☐ **Person to notify** LPA section 6

Title First names

Last name

Date of birth (not required for 'person to notify')

Day Month Year

Day Month Year

Address

Postcode

Email address (optional)

Donor

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Full name

JOHN TESTER

Signature or mark

Date signed or marked

23 03 2025

Day Month Year

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Continuation sheet 1 (07.15)

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- ☐ **Person to notify** LPA section 6

Title First names

Mr One

Last name

more

Date of birth (not required for 'person to notify')

2 4 0 4 1 9 9 9

Day Month Year

Address

test
test

Postcode DE3

Email address (optional)

- ☐ **Attorney** LPA section 2
- ☒ **Replacement attorney** LPA section 4
- ☐ **Person to notify** LPA section 6

Title First names

Mr OK

Last name

lastone

Date of birth (not required for 'person to notify')

2 8 0 5 1 9 9 9

Day Month Year

Address

test
test

Postcode DE3 4RD

Email address (optional)

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Title First names

Mr One

Last name

moreS

Date of birth (not required for 'person to notify')

2 4 0 4 1 9 9 9

Day Month Year

Address

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test
test

Postcode DE3

Email address (optional)

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Title First names

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Last name

lastoney

Date of birth (not required for 'person to notify')

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Continuation sheet 1 (07.15)

Continuation sheet 2

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- ☒ **How replacement attorneys step in and act** LPA section 4
- ☐ **Preferences** LPA section 7
- ☐ **Instructions** LPA section 7



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something something

Donor

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Full name

John Test

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Date signed or marked

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Year

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LPC Continuation sheet 2 (07.15)

Continuation sheet 2

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