

Continuation sheet 1

Additional people

Helpline
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.



If you use this page, you must sign it.

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

Dr Henry

Last name

Taylor

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

1 0 0 9 1 9 7 3

Day Month Year

Address

Lark Meadow Drive
Solihull
Birmingham

Postcode B37 6NA

Email address (optional)

opglpademo+HenryTaylor@gmail.com

☒ **Attorney** LPA section 2

☐ **Replacement attorney** LPA section 4

☐ **Person to notify** LPA section 6

Title First names

Mr Elliot

Last name

Sanders

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

1 0 1 0 1 9 8 7

Day Month Year

Address

12 Church Lane
Brierfield
Lancashire

Postcode L21 4WL

Email address (optional)

opglpademo+ElliotSanders@gmail.com

Donor

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

Full name

Mrs Nancy Garrison

Signature or mark

Date signed or marked

Day Month Year