



# Disclaimer by a proposed or acting attorney under a lasting power of attorney

## 1. Donor details (the person who made the lasting power of attorney)

Title      First names

<input type="text"/>	<input type="text"/>
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Last name

<input type="text"/>
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Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

<input type="text"/>
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### To the donor

You have received this notice because:

- you made a lasting power of attorney (LPA)
- you chose the person named on page 2 (the 'disclaiming attorney') as an attorney for that LPA
- that person now wishes to give up their role as an attorney (this is called 'disclaiming their appointment').

## 2. About the lasting power of attorney (LPA)

### What type of LPA is it?

Property and financial affairs

Health and welfare

### When did the donor sign the LPA?

(To find out, look at Part A of the LPA if it was made before 1 July 2015 or section 9 if it was made on or after that date)

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

### Was the LPA registered by the Office of the Public Guardian?

(see page 1 of the LPA – the section marked ‘OPG office use only’)

Yes

No

### When was the LPA registered?

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

### What is the ‘OPG reference number’? (see page 1 of the LPA)

## 3. Disclaiming attorney details (the person sending this notice)

Title      First names

<input type="text"/>	<input type="text"/>
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Last name

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Phone number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### 4. Signature and date

I disclaim my appointment as attorney under the lasting power of attorney made by the donor named on this form. I will send copies of this form to any other attorneys named on the lasting power of attorney and to the Office of the Public Guardian:

Signature or mark

Date signed

Day

Month

Year

#### Notes for the person completing this form

**When you have completed and signed this form:**

- send the original form to the donor
- send a copy of this form to any other attorneys that were named in the LPA
- if you are the only attorney, send a copy of the form to any replacement attorneys named in the LPA

**If the Office of the Public Guardian (OPG) has registered the LPA, you should also:**

- send a copy of this form to OPG
- send any copies of the LPA that you have to OPG

Address: Office of the Public Guardian, PO BOX 16185, Birmingham, B2 2WH

If you have any queries call the OPG contact centre on 0300 456 0300.

