PA11 — Power of attorney (Will)

The person appointed by the executor/beneficiary to act as their representative.

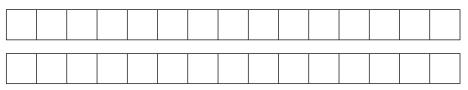
Please complete all the boxes then the executor who wishes to appoint an attorney should sign in the presence of an independent witness

1. What is the full name and address of the person who has died?

Title



First name(s)



Middle names(s)

Last name

HMCTS USE ONLY



Address

Building and street

Note 6: An attorney of 1 executor can not apply with another executor

Second line of address

Town or city



County (optional)

Postcode



2. What was their date of death?

Day

	Month

Year	

3. Date of will

Day	

Month	Year

4.	Date of codicil – If applicable
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Day

Month	



5. What is the full name and address of the executor/beneficiary who is appointing an attorney?

Title



First name(s)

Middle names(s)

	1		1	1		 1	 1	

Last name

Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

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- 6. The executor/beneficiary is
 - one of the executors/a sole executor

or

one of the beneficiaries/sole beneficiary

7. I do hereby nominate constitute and appoint

Full name and address of the person acting as 1st Attorney?

Title

First name(s)

Middle names(s)

Last name

Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

If applicable, what is the full name and address of the person acting as **2nd Attorney**?

Title				

First name(s)

·				 			

Middle names(s)

Last name

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Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

If applicable, what is the full name and address of the person acting as **3rd Attorney**?

Title				

First name(s)

·				 			

Middle names(s)

Last name

Г								

Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

If applicable, what is the full name and address of the person acting as **4th Attorney**?

Title	Title													

First name(s)

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Middle names(s)

Last name

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Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

To be my lawful attorney for the purposes of obtaining Letters of Administration with will annexed of the estate of the said deceased to be granted to them for my use and benefit and until further representation be granted.

And I hereby promise to ratify and confirm whatever the said attorney shall lawfully do or cause to be done in the Premises

Signed as a deed

(signature of executor/beneficiary appointing the attorney)

Signature of independent witness

Witnessed by

(print name of witness, this must be an independent person)

Date

1			

Letters of Administration with will annexed –

a legal document issued to someone other than the executor when there is a Will.

To ratify and confirm whatever the said attorney shall lawfully do or cause to be done in the Premises – to give authority to the attorney to deal lawfully with the deceased's estate.

Independent Witness

- This is someone that is not related to the person appointing the Attorney and has no interest in the estate.