## PA12 — Power of attorney (Intestate)

IN THE HIGH COURT OF JUSTICE FAMILY DIVISION Probate Registry

A person appointed to act as the representative of the person entitled to the estate.

Please complete all the boxes then the person entitled to the estate should sign in the presence of an independent witness.

**Intestate** – The person who died did not leave a Will.

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

Title

First name(s)

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## Middle names(s)

Last name

HMCTS USE ONLY



Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

- 2. What was their date of death?
- What was their marital status? 3.
  - married/civil partner
  - divorced/civil partnership dissolved

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- judicially separated
- spinster/bachelor
- widowed

## 4. What is the full name and address of the person entitled to the estate?

#### Title



## First name(s)

## Middle names(s)

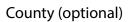
#### Last name

## Address

## Building and street

## Second line of address

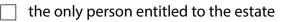
### Town or city



Postcode

## 5. What is their relationship to the deceased?

## **6.** The person entitled to the estate is

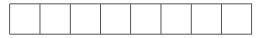


or

- one of the persons entitled to the estate
- 7. I do hereby nominate constitute and appoint the following attorney(s)

## 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

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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 **4th Attorney**?

#### Title



## First name(s)

## Middle names(s)

#### Last name

#### Address

Building and street

Second line of address

## Town or city

County (optional)

#### Postcode



To be my lawful attorney/attorneys for the purposes of obtaining Letters of Administration 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 the person entitled to the estate)

#### Signature of independent witness

#### Witnessed by

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

#### Date

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## **Letters of Administration**

 a legal document issued to someone other than the executor when there is no 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(s) and has no interest in the estate.