



Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ * MERGEFORMAT }

{ MERGEFIELD FW_LPA_CONT_TK_GPTITLE1 } { MERGEFIELD FW_LPA_CONT_TK_GPINT1 } { MERGEFIELD FW_LPA_CONT_TK_GPSUR1 }
{ MERGEFIELD FW_LPA_CONT_TK_GPADD1 }

Dear { MERGEFIELD FW_LPA_CONT_TK_GPTITLE1 } { MERGEFIELD FW_LPA_CONT_TK_GPSUR1 }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Our Client: { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

I act on behalf of the above named client who is intending to make { IF { MERGEFIELD FW_LPA_CONT_TK_LPA_TYPE } = "Health & Welfare" "a Health and Welfare Lasting Power of Attorney." "{ IF { MERGEFIELD FW_LPA_CONT_TK_LPA_TYPE } = "Property & Financial Affairs" "a Property and Financial Affairs Lasting Power of Attorney" "{ IF { MERGEFIELD FW_LPA_CONT_TK_LPA_TYPE } = "Health & Welfare/Property & Financial Affairs" "Health and Welfare and Property and Financial Lasting Powers of Attorney." **"Please go to the Other Info Dossier Page and select the type of LPA from the drop down list, then re-open this letter template."** }" } }

I should be grateful if you would please prepare a report as to { MERGEFIELD LINKNAME_FORENAME_1 }'s capacity to sign a Lasting Power of Attorney.

{ MERGEFIELD LINKNAME_FORENAME_1 } should be able to answer the following questions:

1. What is a Lasting Power of Attorney?
2. The reason for making one.
3. Who will be appointed as attorney(s)?
4. Why the attorney(s) has been selected to act?
5. The type of powers the attorney(s) will have?

{ MERGEFIELD LINKNAME_FORENAME_1 } should also be aware that an attorney's authority to act will apply as soon as the Lasting Power of Attorney has been registered and will continue

even if mental capacity is lost. A Lasting Power of Attorney can only be revoked whilst { MERGEFIELD LINKNAME_FORENAME_1 } has capacity to do so.

The Mental Capacity Act provides that a person should not be deemed to lack capacity unless all reasonable steps have been taken without success. For example, a person's capacity could fluctuate during the day. If you believe this to be the case please include it in your report and note the best time/place to talk to { MERGEFIELD LINKNAME_FORENAME_1 }.

I should be grateful if you would please confirm your costs for preparation of this report as I must obtain my client's permission to incur the cost. Please also advise of your timescales and availability for completing the report.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }