

PA11 — Power of attorney (Will)

IN THE HIGH COURT OF JUSTICE

FAMILY DIVISION

Probate Registry

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

Second line of address

Town or city

County (optional)

Postcode

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

2. What was their date of death?

Day

Month

Year

3. Date of will

Day

Month

Year

4. Date of codicil – If applicable

Day

Month

Year

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

Title

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First name(s)

[illegible][illegible]

Middle names(s)

[illegible][illegible]

Last name

[illegible][illegible]

Address

Building and street

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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.

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

Title

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First name(s)

[illegible][illegible]

Middle names(s)

[illegible][illegible]

Last name

[illegible][illegible]

Address

Building and street

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Second line of address

--

Town or city

--

County (optional)

--

Postcode

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

Title

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First name(s)

[illegible][illegible]

Middle names(s)

[illegible][illegible]

Last name

[illegible][illegible]

Address

Building and street

--

Second line of address

--

Town or city

County (optional)

Postcode

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

Title

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First name(s)

[illegible][illegible]

Middle names(s)

[illegible][illegible]

Last name

[illegible][illegible]

Address

Building and street

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Second line of address

--

Town or city

--

County (optional)

--

Postcode

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

Title

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First name(s)

[illegible][illegible]

Middle names(s)

[illegible][illegible]

Last name

[illegible][illegible]

Address

Building and street

Second line of address

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Town or city

County (optional)

Postcode

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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)

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Signature of independent witness

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Witnessed by

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

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Date

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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.