

## Enduring Power of Attorney – Queensland Checklist

**DONOR'S DETAILS**

Donor's Full Name	
Donor's Address	

**ATTORNEY'S DETAILS (MAXIMUM OF 3)**

First Attorney's Full Name	
First Attorney's Address	
Second Attorney's Full Name (if applicable)	
Second Attorney's Address (if applicable)	
Third Attorney's Full Name (if applicable)	
Third Attorney's Address (if applicable)	

**HOW ATTORNEYS ARE TO ACT TOGETHER**

If 2 Attorneys, How Do You Want Your Attorneys to Act?	<ul style="list-style-type: none"> <li>• Together</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Independently</li> </ul>
If 3 Attorneys, How Do You Want Your Attorneys to Act?	<ul style="list-style-type: none"> <li>• Together</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Independently</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• By Majority</li> </ul>

**MATTERS FOR ATTORNEY TO ACT ON**

<b>Financial Matters</b>	<b>Personal / Health Matters</b>	<b>BOTH Financial AND Personal / Health Matters</b>

**FOR FINANCIAL ONLY; WHEN ATTORNEY STARTS TO ACT**

<b>Immediately</b>	<b>Only When Declared of Unsound Mind</b>	<b>On The Date Listed Below</b>