

Limited Power of Attorney Questionnaire

GENERAL INFORMATION

Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:
Gender: Male Female Birth date: Social Security Number:
Marital Status: Single Married Divorced Widowed Domestic
Partnership

Partner/Spouse's Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:

Are you at least 18 years of age and of sound mind? Yes No

When do you want this power of attorney for finances to take effect?

- Immediately
 Only if I become incapacitated

Who will certify that you are incapacitated?

- Doctor Address: Work Phone: Cell Phone: Email:
 I wish to also have this doctor certify my incapacity:
 Doctor Address: Work Phone: Cell Phone: Email:
 I want my attorney-in-fact to choose one doctor two doctors

How many attorney-in-facts do you want?

Attorney-in-fact Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:

Attorney-in-fact Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:

Attorney-in-fact Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:

If more than one attorney-in-fact named:

- They must act by unanimous agreement
 They must act by majority agreement
 Each can act independently

Do you want to name alternate attorney(s)-in-fact? Yes No If yes:

1st alternate attorney-in-fact:

Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:

2nd alternate attorney-in-fact:

Full Name: Address:

Home Phone: Work Phone: Cell Phone: Email:

POWERS OF YOUR ATTORNE(S)Y-IN-FACT

What type of matters do you want the attorney(s) in fact to have the power to conduct transactions/make decisions in?:

- Real estate, but may not sell my home
- Tangible personal property
- Stock and bond transactions
- Commodity and option transactions
- Banking and other financial institution transactions
- Business decisions
- Insurance and annuity matters
- Estate, trust, and beneficiary transactions
- Transfer items of your property into your living trust
- Legal actions
- Personal and family maintenance
- Benefits from social security, Medicare, Medicaid, or other governmental programs or military service
- Retirement plans
- Taxes
- Gifts
- Children

Do you want your attorney(s)-in-fact to make reports?

Yes No If yes, how often? If yes, reports to be submitted to:

Full Name: Address:
Home Phone: Work Phone: Cell Phone: Email:

Do you want your attorney(s)-in-fact to delegate authority to other people? Yes No

Do you want your attorney(s)-in-fact to care for your pets? Yes No If yes:

Pet Name: Type of Animal:

Veterinarian:

Feeding requirements: Medications:

Important notes about pet's needs/behavior:

May your attorney(s)-in-fact to benefit from actions taken on your behalf? Yes No

May your attorney(s)-in-fact commingle your funds with his or her own? Yes No

Do you want your attorney(s)-in-fact to be compensated for handling your affairs?

Yes, a reasonable amount Yes, in the amount of No