

POWER OF ATTORNEY INFORMATION FORM

DATE: _____

[NOTE: If married, each spouse should complete a separate Information Form.]

A “durable power of attorney” (DPOA) is a document in which you appoint someone you trust (your “Agent” or “Attorney in Fact”) to carry on your personal business and financial affairs if you become disabled and unable to do so for yourself. (A last will and testament has no effect until your death and does not empower your executor to act for you while you are living.) By signing a DPOA, you do not give up the right to make all such decisions for yourself so long as you are mentally capable to do so. In fact, you may revoke the DPOA at any time.

Personal Information:

Your Name: _____

Address: _____

Date of Birth: _____ Telephone No.: _____

If married, Spouse’s Name: _____

Are you physically able to sign the DPOA document? Yes No

• If No, who do you want to sign it for you? _____

Agent Information:

You may appoint Agents who would, in order of designation, handle your affairs if you become unable to do so. **(If you are married and want your spouse to be primary agent, insert “Spouse” in first line.)**

Primary Agent: _____

Address: _____ Phone: _____

Second Agent: _____

Address: _____ Phone: _____

Third Agent: _____

Address: _____ Phone: _____

Fourth Agent: _____

Address: _____ Phone: _____

Effective Date:

You may give your Agent the authority to act under the DPOA immediately, **or** you may require that one or more physicians or other persons certify in writing that you are unable to manage your own affairs before the Agent can act for you. Do you wish to give the Agent power to act:

_____ Immediately

_____ Only after statement of incapacity by: one doctor _____ two doctors _____

the following person(s) _____

Your Assets: (check all the following that you own)

- | | | |
|--|--|--|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Non-residence real estate | <input type="checkbox"/> Rental property |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Bank accounts | <input type="checkbox"/> CDs, savings accounts |
| <input type="checkbox"/> Investment accounts | <input type="checkbox"/> Retirement acct (IRA, 401k) | <input type="checkbox"/> Stocks, bonds |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Business interest | <input type="checkbox"/> Partnership interest |

Counties where your real property(ies) located: _____

Agent's Powers:

In order to make sure that others will honor the actions your Agent may take on your behalf, you should make the DPOA as specific as possible about such powers. Also, it may be wise to give your Agent the power to make gifts or transfers of your assets for such purposes as reducing your estate to avoid taxes or qualifying you for Medicaid or other public assistance programs to pay costs of long-term health care. We want the DPOA to reflect your wishes about these and other powers.

Please check the actions you wish to **allow** the Agent to handle for you if you become incapacitated:

Allow ALL actions with my assets without restriction

OR (check restrictions below or list other restrictions on Agent's power):

- Cannot change beneficiaries on investment, retirement accounts (if named beneficiary dies)
- Cannot loan your money – to children, family, etc.
(or loan requires others to agree)
- Cannot sell, rent, transfer real property to others
(or must get agreement of other family members to sell, transfer)

Check preference below:

Yes No

- Make gifts** from your assets – for tax planning, Medicaid, asset protection
(to: church/charities immediate heirs other family)
- Financial support for family** (spouse child(ren) grandchildren)
- Provide medical support for family** (spouse child(ren) grandchild)
- Fund education** (for: child grandchild others)
- Continue business** (partnership other business)
- Care for animals** (pets or work/service animals)

Describe other **limitations** on Agent's powers (such as names of others who should approve):

