

POWER OF ATTORNEY INFORMATION FORM

DATE: _____

Client Name: _____

[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: _____ Social Security 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? _____

Do you **own** any interest in a residence? ____ Yes ____ NoIn what county? _____ **(Provide copy of deed.)**

Do your own any interest in non-residence real property? ____ Yes ____ No

In what county(ies)? _____ **(Provide copy of deeds.)****Agent Information:**

You may appoint a primary Agent and (if you wish) any number of successor Agents who would, in order of designation, act as your Agent if the primary Agent is 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 person(s) certify in writing that you are unable to manage your own affairs before the Agent can act. Do you wish to give the Agent power to act:

_____ Immediately

_____ Only after certification of incapacity by: one doctor _____ two doctors _____
the following person(s) _____

Agent’s Powers:

In order to make sure that others will honor the actions your agent may try to take on your behalf, it is necessary to make the DPOA as specific as possible about such powers. Also, it is often 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 to make the DPOA reflect your wishes about these and other powers.

Do you own an IRA or other retirement account? _____ Yes _____ No

Do you want to allow your agent to change the beneficiary(ies) on such account(s) if your named beneficiary dies? _____ Yes _____ No

Do you want to allow your Agent to make gifts or transfers of your assets/money to others if your Agent determines it is in your best interest? _____ Yes _____ No

➤ If Yes, select the **purposes** for which you wish to allow such gifts:

- _____ to reduce or avoid taxes on your estate
- _____ to make advance estate plan gifts to family, heirs or estate plan beneficiaries
- _____ to protect your assets from nursing home costs and Medicaid
- _____ for any other purposes, as determined by Agent

➤ If Yes, select the **persons** you wish to allow to receive such gifts:

- _____ gifts to heirs or estate plan beneficiaries only, **or**
- _____ gifts to any persons, as determined by Agent

Do you want to require another family member to approve such gifts to the Agent or his/her immediate family? _____ Yes _____ No

➤ If Yes, who should approve?

- _____ any other heir of yours (not Agent or Agent’s family member)
- _____ following named person: _____

Do you want to require another person to approve gifts in excess of a certain amount? _____ Yes _____ No

➤ If Yes, above what amount? \$ _____

➤ If Yes, who should approve?

_____ any other heir of yours (not Agent or Agent's family member)

_____ following named person: _____

Do you want to require an independent professional (such as an elder law or estate planning attorney) to approve such gifts for tax or Medicaid planning purposes? _____ Yes _____ No

Do you wish to provide for **general support** for: a dependent spouse? _____ Yes _____ No
a dependent child? _____ Yes _____ No

Do you wish to provide for **medical care** for: a dependent spouse? _____ Yes _____ No
a dependent child? _____ Yes _____ No

Do you wish to provide for **education costs** for: a child? _____ Yes _____ No
a grandchild? _____ Yes _____ No

Do you wish to provide for **care for your pets**? _____ Yes _____ No

Are you a partner in any partnership? _____ Yes _____ No

Do you own any interest in an ongoing business? _____ Yes _____ No

Are you willing for your Agent to obtain your medical information? _____ Yes _____ No

If a guardian or conservator had to be appointed for you by a court, would you want it to be the person named as agent in your DPOA? _____ Yes _____ No

Do you want the same limitations above to apply to your spouse as agent? _____ Yes _____ No

List any other notes, concerns or limitations regarding your power of attorney: _____
