

Durable Financial Power of Attorney Questionnaire

Your information:	
Client Name:	
Address:	
City:	
(*spouse's entries follow on page 3)	
1. Appointment of Attorney-in-Fact	
Name:	
Address:	
City:	
Relationship:	
2. Effective Date of Powers:	\Box Only once incapacitated (2 doctors needed)
3. Original and Copies:	
Where will you keep the original once signed:	
4. Powers:	
□Banking (receive / deposit, pay bills, etc.)	
\Box Safe Deposit Box (access to – add, removed)	
□Lending/Borrowing	

□Gov't Benefits (apply for / receive)

□ Retirement Plan (contribute to, selection options, roll over)

□Taxes (complete sign, pay, receive refunds)

□Insurance (pay, purchase, claims, cannot cash in)

□ Real estate (acquire, lease, sell, convey)

□ Personal property (acquire, sell, lease, exchange)

□ Power to manage property (maintain, improve, repair)

□Gifts (make, transfer)

Legal Advice / Proceedings (obtain, pay for, legal advice – defend, administer)

Employ (agents, nurses, attorneys, accountants to preserve protect property and estate)

□Family care (expenditures for maintenance, education, benefit of spouse, children)

Other authority:

5. <u>Notary:</u>

Notary:

This document requires notary versus the option for two witnesses.

 \boxtimes Notary Option

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Durable Financial Power of Attorney Questionnaire

Spouse information:	
Client Name:	
Address:	
City:	
1. Appointment of Attorney-in-Fact	
Name:	
Address:	
City:	
Relationship:	
2. Effective Date of Powers:	
\Box Immediately (and continues after incapacitated)	\Box Only once incapacitated (2 doctors needed)
3. Original and Copies:	
Where will you keep the original once signed:	

4. Powers:

□Banking (receive / deposit, pay bills, etc.)

□Safe Deposit Box (access to – add, removed)

□Lending/Borrowing

□Gov't Benefits (apply for / receive)

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⊠Notary Option