POWER OF ATTORNEY

INTERVIEW FORM

CLIENT INFORMATION:

Clients Name: ______________________________

____

Clients Address: ______________________________

____

______________________________ County:______________

Clients phone: office:______________ ext.:______________

fax:______________ hours:______________

employers name:______________________________

home:______________time to call:______________

cell:______________

Clients email: ______________________________

Clients S.S.#: ______________________________

Clients D.O.B.: ______________________________

Has any other attorney represented client in this matter? ______________

If so, provide Name, Address & Phone Number of prior attorneys.

____

INTERVIEW QUESTIONS:

Prior Powers of Attorney

1. Any Prior or Current Powers of Attorney Granted?: Yes__ No__

2. If yes, name of agent:________________________________

   address of agent:________________________________

   ____

   copy available?________________________________

   notice of revocation required? Yes__ No__

   If yes, to whom? (ie.,agent, bank(s), doctors:

   ____

   ____

Principal Information

3. Name: ________________________________

4. Address:________________________________

   ____

5. County: ________________

6. Phone: ________________

7. Birth date: ______________

Agent Information

8. Name: ____

9. Address:

____

____

10. County: ___________________________

11. Phone: ____________________________

12. Birth date: ________________________

13. Relationship to principal?________________________________

Property Power of Attorney Powers

14. Limitations of Powers:

(a) Real Estate transactions. Yes___ No___

(b) Financial institution transactions. Yes___ No___

(c) Stock and bond transactions. Yes___ No___

(d) Tangible personal property transactions Yes___ No___

(e) Safe deposit box transactions. Yes___ No___

(f) Insurance and annuity transactions. Yes___ No___

(g) Retirement plan transactions. Yes___ No___

(h) Social Security, employment and military

service benefits. Yes___ No___

(i) Tax matters Yes___ No___

(j) Claims and litigation Yes___ No___

(k) Commodity and option transactions. Yes___ No___

(l) Business operations Yes___ No___

(m) Borrowing transactions Yes___ No___

(n) Estate transactions. Yes___ No___

(o) All other property powers and transactions Yes___ No___

15. Additional Powers:

To make gifts to ___________________. Yes___ No___

To exercise powers of appointment or disclaimers. Yes___ No___

To name or change beneficiaries of life insurance policies? Yes___ No___

employee benefit plans? Yes___ No___

or joint tenants of any asset. Yes___ No___

To revoke or amend my trust agreement dated _________. Yes___ No___

16. Delegation of Discretionary Decision-Making: Yes___ No___

17. Reasonable Compensation of Agent: Yes___ No___

18. General Matters:

Statutory “Notice” paragraph included and reviewed? Yes___ No___

Notarized? Yes___ No___

Witnessed Yes___ No___

If to be used for real estate transactions, is “Prepared By” language included? Yes___ No___

Effective Date

19. The Power of Attorney shall take effect on:

____ This date.

____ The certification in writing by the majority of my wife/husband and my children living and competent that in their judgment I am unable to properly manage my financial affairs.

____ The certification in writing by my attending physician that in his or her judgment I am unable to properly manage my financial affairs.

Termination Date

20. The Power of Attorney shall terminate on:

____ No termination date.

____ A future date, which is ____.

____ A future event which is ____.

Successor Agents

21. First Successor Agent: ____

Address:

____

____

Phone: _____________ Birth date: ____________

Relationship to Principal:____________________________

22. Second Successor Agent: _____________________________

Address:

____

____

Phone: _____________ Birth date: ____________

Relationship to Principal:____________________________

Agent as Guardian

23. Does the principal wish to designate the property agent as Guardian:

Of Person? Yes___ No___.

Of Estate? Yes___ No___.

Miscellaneous

24. Comments: ____

____

____

____

Health Care Power of Attorney

Agent Information

25. Name: ____

26. Address:____ ____________________ _______________________

27. County: ________________

28. Phone: _________________

29. Birth date: _____________

30. Relationship to principal?____________________________
31. Organ Donation Intended? Y___ N___ Limited?______________

32. Limitations of Powers:_______________________________

____

33. Life-Sustaining Treatment Choices: (Select one)

_____ Do not want life prolonged or life-sustaining treatment.

_____ Want life prolonged and life-sustaining treatment unless in a coma which the attending physician believes to be irreversible, at which time life-sustaining treatment is to be withheld or discontinued.

_____ Want life prolonged and life-sustaining treatment to the greatest extent possible without

regard to my condition, chances of recovery or costs.

34. Beginning Date (or effective upon execution)?________________

35. Termination Date (or effective until revoked)?_______________

Successor Agents

36. First Successor Agent: _________________________________

Address:

____

____

Phone: ___________________ Birth date: ______________

Relationship to Principal:_______________________________

37. Second Successor Agent: ________________________________

Address:

____

____

Phone: ___________________ Birth date: ______________

Relationship to Principal:_______________________________

38. Does the principal wish to designate health care agent as Guardian in event the court decides one must be adopted? Yes___ No___.

39. HIPAA Authority: Does the principal understand agent's ability to disclose medical records at agent's discretion and authorize agent's exercise of this right? Yes___ No___.

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated:________________________ ____

CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***