

POA QUESTIONNAIRE – Print Clearly

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Married: _____ Divorced: _____ Single: _____

3. Will your agent (your attorney in fact) receiving the power of attorney be your spouse?

____ Yes ____ No

4. Name of agent receiving power of attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Your relationship to your agent if not your spouse: _____

6. Do you want the power of attorney to expire on a specific date? ____ Yes ____ No

If Yes, this date: ____/____/____

Do you currently have a power of attorney you need to revoke with this power of attorney? ____ Yes ____ No

7. Would you like to choose a back-up agent? ____ Yes ____ No

Name of back-up agent: _____

Relationship of back-up agent: _____

Address: _____

City: _____ State: _____ Zip: _____