

**Durable Power of Attorney QUESTIONNAIRE**

**GEORGE E. MOORE LAW OFFICE, L.L.C.**

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DATE: \_\_\_\_\_ 20\_\_\_\_.

**PERSONAL AND FAMILY DATA**

**Personal Information**

a. **Wife:**

i. Full legal name: \_\_\_\_\_

ii. Residence address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_ cell / home

iv. Email: \_\_\_\_\_

v. Date of Birth \_\_\_\_\_

b. **Husband:**

i. Full legal name: \_\_\_\_\_

ii. Residence address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_ cell / home

iv. Email: \_\_\_\_\_

v. Date of Birth \_\_\_\_\_

**Marriage Date:** \_\_\_\_\_ **Marriage City & State:** \_\_\_\_\_

**Year Ohio residence established:** \_\_\_\_\_

## **POWERS OF ATTORNEY**

Powers of Attorney are often used to authorize someone to act for you under certain legal conditions, especially (but not limited to) time of legal incapacitation. We will recommend that you consider executing such power. **Whom would you like to name as your agent (and Successor agent) under such power?**

**There are two types of such power:**

- (1) a “Durable General Power of Attorney” and**
- (2) a “Durable Health Care Power of Attorney.”**

The “**Durable General Power of Attorney**” appoints an agent to act for you in connection with financial matters and to manage assets (which can become effective immediately upon execution, or at a later specified date); while the “**Durable Health Care Power of Attorney**” appoints an agent to make health care decisions for you in the event of incapacity. For any such appointment, we **STRONGLY RECOMMEND** that you appoint persons whom you know, love, and trust. With regard to the “**Durable Health Care Power of Attorney**”, it is also important to nominate persons who will act as a strong advocate for you and on your behalf when you are unable to do so.

At our meeting, we will discuss with you why we recommend you execute both a “Durable General Power of Attorney”, as well as a “Durable Health Care Power of Attorney” to supplement your overall estate plan.

**DURABLE POWER OF ATTORNEY:**

**For Wife:**

**1) Initial Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband: Same as above? YES / NO**

**(If no, fill out next page for Husband)**

**(If same: skip next page)**

**DURABLE POWER OF ATTORNEY:**

**For Husband ONLY if different from Wife's choices on previous page:**

**1) Initial Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband to fill out ONLY if different from Wife's choices on previous page!**

