

Medical Power of Attorney QUESTIONNAIRE

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

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DATE: _____ 20____.

Question #1: Do you expect any “fights / disputes” regarding anything in this document?

YES / NO

Question #2: Is there anybody who you would like to “leave nothing to” who may expect to otherwise receive something from your estate after you die?

YES / NO

IF THE ANSWER TO EITHER IS YES: Please notify our office when returning this form.

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.

MEDICAL 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)

MEDICAL 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!