

POWER OF ATTORNEY QUESTIONNAIRE

CLIENT NAME:

CLIENT ADDRESS:

GENERAL (DURABLE) POWER OF ATTORNEY:

IMMEDIATE: _____ or SPRINGING: _____

AGENT: NAME

ADDRESS

RELATIONSHIP TO YOU

CO-AGENT: (OPTIONAL) NAME

ADDRESS

RELATIONSHIP TO YOU

SUCCESSOR AGENT: NAME

DO YOU WANT TO INCLUDE A PROVISION WHICH ALLOWS THE AGENT TO MAKE GIFTS ON YOUR BEHALF?

YES _____ NO _____ TO CHARITABLE ORGANIZATIONS ALSO? YES _____ NO _____

DO YOU WANT TO GIVE THE AGENT THE POWER TO CREATE A JOINT TITLE WITH ANY OF YOUR REALTY BETWEEN YOU AND THE AGENT? (“JOINT TENANTS” HOLD EQUAL AND UNDIVIDED INTERESTS IN A PARCEL, WITH A RIGHT OF SURVIVORSHIP. WHEN A JOINT TENANT DIES, HIS OR HER INTEREST DOES NOT GO TO HEIRS, IT STAYS WITH THE SURVIVING JOINT TENANT OR TENANTS.)

YES _____ NO _____ YES, BUT ONLY IF AGENT IS ALSO SPOUSE _____

DO YOU WANT TO GIVE THE AGENT THE POWER TO CREATE A JOINT TITLE WITH ANY OF YOUR PERSONAL PROPERTY BETWEEN YOU AND THE AGENT? (“JOINT TENANTS” HOLD

EQUAL AND UNDIVIDED INTERESTS, WITH A RIGHT OF SURVIVORSHIP. WHEN A JOINT TENANT DIES, HIS OR HER INTEREST DOES NOT GO TO HEIRS, IT STAYS WITH THE SURVIVING JOINT TENANT OR TENANTS.)

YES_____ NO_____ YES, BUT ONLY IF AGENT IS ALSO SPOUSE _____

DO YOU WANT TO GIVE THE AGENT THE POWER TO OPEN A BANK ACCOUNT IN JOINT NAME BETWEEN YOU AND THE AGENT, OR TO CLOSE SUCH AN ACCOUNT? (THE TYPICAL JOINT BANK ACCOUNT WILL HAVE THE SURVIVORSHIP FEATURE WHICH WILL FUNCTION AS DESCRIBED ABOVE REGARDING JOINT TITLE TO REALTY.)

YES_____ NO_____

DO YOU WANT YOUR POWER OF ATTORNEY DOCUMENT TO “HOLD HARMLESS AND INDEMNIFY” THE AGENT FOR THE AGENT’S ACTS EXCEPT FOR THOSE COMMITTED IN BAD FAITH OR WITH RECKLESS INDIFFERENCE?

YES_____ NO_____

DO YOU WANT TO ADD A PARAGRAPH IN THE “RESTRICTIONS” SECTION WHICH OVERRIDES ALL RESTRICTIONS FOR THE PURPOSE OF MEDICAID PLANNING?

YES_____ NO_____

Financial Power of Attorney – Optional Paragraphs:

1. Property Powers. To bargain, contract, agree for, option, purchase, acquire, receive, improve, maintain, repair, insure, plat, partition, safeguard, lease, demise, grant, bargain, sell, assign, transfer, remise, release, exchange, convey, mortgage and hypothecate real estate and any interests therein (including any interest which I hold with any other person, including but not limited to, as joint tenants with full rights of survivorship, as tenants by the entireties, or as tenants in common), lands, tenements and hereditaments, for such price, upon such terms and conditions, as my Agent determines. My Agent shall also have the power to do whatever may be necessary to quiet title or to perfect title in my name or for my benefit including, but not limited to, the power to institute lawsuits, to correct deeds, to correct legal descriptions, and to sign affidavits.

OPTION 1 [] My Agent may exercise property powers over any of my real estate or over any of my interests in any real estate in order to create a joint tenancy, a tenancy with full rights of survivorship, a tenancy by the entireties (only if my Agent and I are married), or a tenancy in common.

OPTION 2 [] If and only if my Agent is also my spouse, my Agent may exercise property powers over any of my real estate or over any of my interests in any real estate in order to create a joint tenancy, a tenancy with full rights of survivorship, a tenancy by the entireties, or a tenancy in common in which my Agent and I are the sole owners.

2. Personal Property Powers. My Agent shall have the power to bargain, contract, agree for, option, purchase, acquire, receive, improve, maintain, repair, insure, safeguard, lease, sell, assign, transfer, redeem, exchange, mortgage, hypothecate, or in any manner deal in or with goods, wares, merchandise, furniture, furnishings, bills, notes, debentures, bonds, stocks, interests in general partnerships, interests in limited partnerships, interests in limited liability companies, interests in joint ventures, interests in other entities, certificates of deposit, commercial paper, money market instruments, other securities, choses in action, other tangible or intangible personal property or assets of any kind, or interests in any of such assets (including interests which I hold with others as joint tenants with full rights of survivorship, as tenants by the entirety, as homestead property, or otherwise; interests I have indirectly as a beneficiary; or interests I have indirectly as a participant in, or the owner of an interest in, a corporation, general partnership, limited partnership, limited liability company, limited liability partnership, joint venture, or other entity or ownership agreement), for such price and upon such terms and conditions as my Agent shall determine.

OPTION 1 [] My Agent may exercise property powers over any of my personal property or over any of my interests in any personal property in order to create a joint tenancy, a tenancy with full rights of survivorship, a tenancy by the entirety (only if my Agent and I are married), or a tenancy in common.

OPTION 2 [] If and only if my Agent is also my spouse, my Agent may exercise property powers over any of my personal property or over any of my interests in any personal property in order to create a joint tenancy, a tenancy with full rights of survivorship, a tenancy by the entirety, or a tenancy in common in which my Agent and I are the sole owners.

5. Banking Powers.

OPTION 1 [] To terminate and close any accounts of whatsoever type which I may have in my sole name or in joint name with any other person(s) in any bank or financial institution; to open any accounts of whatsoever type, in my sole name or in joint name with any other person(s) in any bank or financial institution; to make, draw, sign in my name, deliver and accept checks, drafts, receipts for moneys, notes or other orders for the payment of money against, or otherwise make withdrawals from any commercial, checking or savings accounts or any other accounts of whatsoever type which I may have in my sole name or in joint name with other person(s), in any bank or financial institution, for any purpose which my Agent may think necessary, advisable or proper; and to endorse and negotiate in my name and deliver checks, drafts, notes, bills, certificates of deposit, commercial paper, money market instruments, bills of exchange or other instruments for the payment of money and to deposit these, as cash or for collection, and cash into any commercial, checking or savings account which I may have in my sole name or in joint name with any other person(s), in any bank or financial institution; and to carry on all my ordinary banking business.

OPTION 2 [] To terminate and close any accounts of whatsoever type which I may have in my sole name in any bank or financial institution; to open any accounts of whatsoever type, in my sole name in any bank or financial institution; to make, draw, sign in my name, deliver and accept checks, drafts, receipts for moneys, notes or other orders for the payment of money against, or otherwise make withdrawals from any commercial, checking or savings accounts or any other accounts of whatsoever type which I may have in my sole name in any bank or financial institution, for any purpose which my Agent may think necessary, advisable or proper; and to endorse and negotiate in my name and deliver checks, drafts, notes, bills, certificates of deposit, commercial paper, money market instruments, bills of exchange or other instruments for the payment of money and to deposit these, as cash or for collection, and cash into any commercial, checking or savings

account which I may have in my sole name in any bank or financial institution; and to carry on all my ordinary banking business.

14. Administer Gift Program.

OPTION 1 [] To make gifts on my behalf to my spouse, to my children, to my grandchildren and to my agent (irrespective of any relationship between the agent and me), provided, however, that the amount transferred to any recipient during any calendar year shall not exceed the amount required to qualify for a full applicable annual federal gift tax exclusion; and provided further that the amount of all such gifts shall be consistent with my lifetime gift program or, if I had no such program, then with the ultimate disposition of my estate as prescribed by my estate plan in effect as of the date of the gifts or, if I have no such plan, by the laws of intestacy; before giving to any of the above persons, my Agent shall confirm (orally or in writing) that the donee is not subject to any creditor problems or risk of loss due to financial irresponsibility, chemical or substance abuse or marital distress. Without any restrictions described in the previous sentence, my Agent has the power to make gifts on my behalf to my spouse, to my children, to my grandchildren, and to my Agent (irrespective of any relationship between the Agent and me) solely for the purpose of qualifying me to receive Medicaid benefits.

OPTION 2 [] To make gifts on my behalf to my spouse, to my children, to my grandchildren and to my agent (irrespective of any relationship between the agent and me), provided, however, that the amount transferred to any recipient during any calendar year shall not exceed the amount required to qualify for a full applicable annual federal gift tax exclusion; and provided further that the amount of all such gifts shall be consistent with my lifetime gift program or, if I had no such program, then with the ultimate disposition of my estate as prescribed by my estate plan in effect as of the date of the gifts or, if I have no such plan, by the laws of intestacy; before giving to any of the above persons, my Agent shall confirm (orally or in writing) that the donee is not subject to any creditor problems or risk of loss due to financial irresponsibility, chemical or substance abuse or marital distress.

OPTION 3 [] To make gifts on my behalf to my spouse, to my children, to my grandchildren and to my agent (irrespective of any relationship between the agent and me). I place no limitation on the amount or on the frequency of the gifts described in the previous sentence, and they may be for any purpose including, but not limited to, in order to qualify me to receive Medicaid benefits.

OPTION 4 [] I do not grant to my Agent the power to make any gifts on my behalf.

OPTION 5 [] **To make gifts on my behalf to the beneficiaries of the _____ Revocable Living Trust u/a/d _____**, and to my agent (irrespective of any relationship between the agent and me), provided, however, that the amount transferred to any recipient during any calendar year shall not exceed the amount required to qualify for a full applicable annual federal gift tax exclusion; and provided further that the amount of all such gifts shall be consistent with my lifetime gift program or, if I had no such program, then with the ultimate disposition of my estate as prescribed by my estate plan in effect as of the date of the gifts or, if I have no such plan, by the laws of intestacy; before giving to any of the above persons, my Agent shall confirm (orally or in writing) that the donee is not subject to any creditor problems or risk of loss due to financial irresponsibility, chemical or substance abuse or marital distress. Without any restrictions described in the previous sentence, my Agent has the power to make gifts on my behalf **to the beneficiaries of the**

_____ **Revocable Living Trust u/a/d** _____, and to my Agent (irrespective of any relationship between the Agent and me) solely for the purpose of qualifying me to receive Medicaid benefits.

OPTION 6 [] To make gifts of my money or property to any charitable organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (as such Section or any successor or similar Section is then in effect). **CAN BE COMBINED WITH ANY OTHER OPTION EXCEPT 4.**

OPTIONAL PARAGRAPH TO BE INSERTED AT THE END OF SECTION B FOR MEDICAID PLANNING: Any one or more of the Restrictions described in B.1., B.2., B.3., and B.7. above shall not apply if my Agent, acting on the specific advice of an attorney qualified to give advice on the topic of Medicaid planning, concludes that any one or more of these Restrictions would hinder the implementation of a strategy designed to qualify me for Medicaid benefits.

POWER OF ATTORNEY FOR MEDICAL CARE DECISIONS:

OPTION: A. _____ B. _____ C. _____

IN LIFE SUSTAINING PROCEDURES, DO YOU WANT TO INCLUDE ARTIFICIAL DELIVERY OF FOOD AND WATER:

YES _____ NO _____

IS DO NOT RESUSCITATE CLAUSE DESIRED: YES _____ NO _____

ORGAN DONOR OPTION: YES _____ Option 1 2 3 4 5 NO _____

PATIENT ADVOCATE: NAME

ADDRESS

RELATIONSHIP TO YOU

SUCCESSOR PATIENT ADVOCATE: NAME

Medical Power of Attorney – Optional Paragraphs:

Article I

**Statement of Patient’s Desires of Care, Custody
and Medical Treatment**

(Client to initial only one of the following on rough draft)

A. Desire to Withhold or Withdraw Treatment. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two (2) physicians who have personally examined me, one (1) of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

If I am physically injured, diseased or ill, and as a result of this condition I am left so permanently impaired, mentally and/or physically, that I can no longer respond in any significant way to stimuli from other individuals or from my environment, then I direct that life-sustaining procedures be withheld or withdrawn. I recognize that there may be circumstances in which my impairment meets the standard described in the previous sentence although I may or may not be terminally ill, or I may or may not be in a persistent vegetative state. I specifically affirm the direction made in this paragraph whether or not I am in a coma, whether or not I am terminally ill, whether or not I am in a persistent vegetative state, and whether or not I have any other medical condition, so long as the standard described in the first sentence of this paragraph is met.

If I am unable to participate in medical treatment decisions regarding the use of such life-sustaining procedures, it is my intention that this statement be honored by my Patient Advocate, any successor Patient Advocate, my family, and my physician(s) as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

(Client to choose and then to initial ONE of the following)

_____ In using the phrase life-sustaining procedures, I intend to include the artificial delivery of food and the artificial delivery of water.

_____ In using the phrase life-sustaining procedures, I do not intend to include the artificial delivery of food and the artificial delivery of water.

(Client to initial if Do Not Resuscitate clause desired)

_____ I request that in the event my heart and breathing stop when I am either terminally ill or permanently unconscious, no person shall attempt to resuscitate me. In referring to "resuscitate," I refer to cardiac compression, advanced airway management, artificial ventilation, defibrillation, and other related procedures.

_____ I understand the full import of this statement, and I am emotionally and mentally competent to make this declaration.

B. Desire for Exercise of Discretion by Patient Advocate. Neither do I want my life to be prolonged nor do I want any life-sustaining procedure to be provided or continued if my Patient Advocate believes the burdens of the procedure outweigh the expected benefits. I want my Patient Advocate to consider the relief of suffering, the expense involved, and the quality as well as the possible extension of my life, in making decisions concerning any life-sustaining procedure.

(Client to choose and then to initial ONE of the following)

____ In using the phrase life-sustaining procedures, I intend to include the artificial delivery of food and the artificial delivery of water.

____ In using the phrase life-sustaining procedures, I do not intend to include the artificial delivery of food and the artificial delivery of water.

(Client to initial if Do Not Resuscitate clause desired)

____ I request that in the event my heart and breathing stop when I am either terminally ill or permanently unconscious, no person shall attempt to resuscitate me. In referring to “resuscitate,” I refer to cardiac compression, advanced airway management, artificial ventilation, defibrillation, and other related procedures.

I understand the full import of this statement, and I am emotionally and mentally competent to make this declaration.

C. Desire for Maximum Treatment. I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery, or the cost of the procedures.

Article V

Anatomical Gift

Pursuant to MCL Section 333.10102(b)(i) of the State of Michigan’s Revised Uniform Anatomical Gift Act, and in the hope that I may help others, I hereby make an anatomical gift, effective on my death, of

Option 1. all of my medically acceptable organs, tissues, fluids, or other physical parts of my body which will be used for the purposes of transplantation, therapy, or medical research, study, or education.

General Donees: If I have not made a specific bequest of my anatomical gift, or if the persons for whom I have made a specific bequest are unable or unwilling to receive the bequest, then I direct that my anatomical gift be given to the appropriate donees referenced in the State of Michigan’s Revised Uniform Anatomical Gift Act. MCL Section 333.10101, et al.

Directive to Patient Advocate: I direct my Patient Advocate to make my attending physician aware of my intentions related to this anatomical gift while I am alive in order to ensure that my gift is correctly implemented upon my death. My Patient Advocate shall have no independent duty to investigate whether this anatomical gift has been amended or revoked, but shall only be responsible for reporting to my attending physician, his or her actual knowledge of any alleged amendment or revocation of this gift.

Option 2. all of my medically acceptable organs, tissues, fluids, or other physical parts of my body which will be used for the benefit of specific individual transplant or therapy recipients, but not for medical research, study, or education.

Priority of specific donees: If the following specific persons are in need of and desire any part of my anatomical gift described above, then it is my desire that they receive such anatomical gift in the order of priority listed below:

Priority One: _____

Address: _____

Priority Two: _____

Address: _____

Priority Three: _____

Address: _____

General Donees: If I have not made a specific bequest of my anatomical gift, or if the persons for whom I have made a specific bequest are unable or unwilling to receive the bequest, then I direct that my anatomical gift be given to the appropriate donees referenced in the State of Michigan's Revised Anatomical Gift Act. MCL Section 333.10101, et al.

Directive to Patient Advocate: I direct my Patient Advocate to make my attending physician aware of my intentions related to this anatomical gift while I am alive in order to ensure that my gift is correctly implemented upon my death. My Patient Advocate shall have no independent duty to investigate whether this anatomical gift has been amended or revoked, but shall only be responsible for reporting to my attending physician, his or her actual knowledge of any alleged amendment or revocation of this gift.

Option 3. my _____ (specify organs, tissues, fluids, or other physical body parts) which will be used for the purposes of transplantation, therapy, or medical research, study, or education.

General Donees: If I have not made a specific bequest of my anatomical gift, or if the persons for whom I have made a specific bequest are unable or unwilling to receive the bequest, then I direct that my anatomical gift be given to the appropriate donees referenced in the State of Michigan's Revised Anatomical Gift Act. MCL Section 333.10101, et al.

Directive to Patient Advocate: I direct my Patient Advocate to make my attending physician aware of my intentions related to this anatomical gift while I am alive in order to ensure that my gift is correctly implemented upon my death. My Patient Advocate shall have no independent duty to investigate whether this anatomical gift has been amended or revoked, but shall only be responsible for reporting to my attending physician, his or her actual knowledge of any alleged amendment or revocation of this gift.

Option 4. my _____ (specify organs, tissues, fluids, or other physical body parts), if medically acceptable, which will be used for the benefit of specific individual transplant or therapy recipients, but not for medical research, study, or education.

Priority of specific donees: If the following specific persons are in need of and desire any part of my anatomical gift described above, then it is my desire that they receive such anatomical gift in the order of priority listed below:

Priority One: _____

Address: _____

Priority Two: _____

Address: _____

Priority Three: _____

Address: _____

General Donees: If I have not made a specific bequest of my anatomical gift, or if the persons for whom I have made a specific bequest are unable or unwilling to receive the bequest, then I direct that my anatomical gift be given to the appropriate donees referenced in the State of Michigan's Revised Anatomical Gift Act. MCL Section 333.10101, et al.

Directive to Patient Advocate: I direct my Patient Advocate to make my attending physician aware of my intentions related to this anatomical gift while I am alive in order to ensure that my gift is correctly implemented upon my death. My Patient Advocate shall have no independent duty to investigate whether this anatomical gift has been amended or revoked, but shall only be responsible for reporting to my attending physician, his or her actual knowledge of any alleged amendment or revocation of this gift.

Option 5. my body for anatomical study.

General Donees: If I have not made a specific bequest of my anatomical gift, or if the persons for whom I have made a specific bequest are unable or unwilling to receive the bequest, then I direct that my anatomical gift be given to the appropriate donees referenced in the State of Michigan's Revised Anatomical Gift Act. MCL Section 333.10101, et al.

Directive to Patient Advocate: I direct my Patient Advocate to make my attending physician aware of my intentions related to this anatomical gift while I am alive in order to ensure that my gift is correctly implemented upon my death. My Patient Advocate shall have no independent duty to investigate whether this anatomical gift has been amended or revoked, but shall only be responsible for reporting to my attending physician, his or her actual knowledge of any alleged amendment or revocation of this gift.

Option 6. my organs for specific individual transplant or therapy recipients, but if that doesn't happen, then the organs, etc. can be used for medical research, study, and education, but not for use as a cadaver.

Pursuant to MCL Section 333.10102(1) and in the hope that I may help others, I hereby make an anatomical gift, effective on my death, of all of my medically acceptable organs, tissues, fluids, or other physical parts of my body which will be used for the benefit of specific individual transplant or therapy recipients, but not for medical research, study, or education. If any of my medically acceptable organs, tissues, fluids, or other physical parts of my body are not used for the benefit of specific individual transplant or therapy recipients, then any one or more of them may be used for medical research, study, or education, except for use as a cadaver.

Priority of specific donees: If the following specific persons are in need of and desire any part of my anatomical gift described above, then it is my desire that they receive such anatomical gift in the order of priority listed below:

Priority One: My spouse, my children and/or their descendants

Address:

Priority Two: Any of my relatives, whether related by blood or marriage

Address:

Priority Three: Any of my friends

Address:

General Donees: If I have not made a specific bequest of my anatomical gift, or if the persons for whom I have made a specific bequest are unable or unwilling to receive the bequest, then I direct that my anatomical gift be given to the appropriate donees referenced in the State of Michigan's Revised Anatomical Gift Act. MCL Section 333.10101, et al.

Directive to Patient Advocate: I direct my Patient Advocate to make my attending physician aware of my intentions related to this anatomical gift while I am alive in order to ensure that my gift is correctly implemented upon my death. My Patient Advocate shall have no independent duty to investigate whether this anatomical gift has been amended or revoked, but shall only be responsible for reporting to my attending physician, his or her actual knowledge of any alleged amendment or revocation of this gift.