

POWER OF ATTORNEY QUESTIONNAIRE

Dear Prospective Client:

Please complete this questionnaire to the best of your ability. All information provided will be kept confidential. All documents provided will be returned to you and/or destroyed with your permission to safeguard all personal information. I am here to answer questions as you complete the questionnaire. Please feel free to write questions in the margins and use this document to help keep track of the information as you gather it.

We can discuss this information over the phone to make sure you feel comfortable before a face to face meeting. This process should take no more than a week to complete once I have all the information.

Thank you for allowing me the opportunity to provide this service to you.

Sincerely,

STEVEN V. FOSS, Esq.

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PRINCIPAL INFORMATION:

The term "PRINCIPLE" is the person who is giving someone else power over their affairs during the Principle life time or until the power of attorney is terminated.

Full Legal Name (First, Middle, Last, Suffix):

Maiden Name:

Date of Birth:

Place of Birth (City, Parish, State):

Social Security Number:

Last known physical address:

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AGENT INFORMATION:

The term "AGENT" is the person who is receiving power to step into the shoes of the Principal to act on his or her behalf.

Full Legal Name (First, Middle, Last, Suffix):

Maiden Name:

Date of Birth:

Place of Birth (City, Parish, State):

Social Security Number:

Last known physical address:
