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REQUEST FOR POWER OF ATTORNEY

The following is a worksheet that will assist **THE DOCUMENT SPECIALISTS** in preparing your Power of Attorney documents. A power of attorney is a legal document that grants another person the right to act on your behalf. The person who signs (executes) a power of attorney is called the principal. The **power of attorney for finances and property matters** gives legal authority to another person (called an agent or attorney-in-fact) to make property, financial and other legal decisions for the principal. A **health care power of attorney** gives legal authority to another person (called an agent or attorney-in-fact) to make medical and other legal decisions for the principal. While some states refer to a health care power of attorney as a "health care proxy," a "health care directive," an "advance directive", or a "medical power of attorney," in this Workbook we will refer to such documents generally as a health care power of attorney.

- Please read the instructions carefully and answer each question according to the instructions.
- If a question is optional and does not apply, mark "NA" or draw a line above the answer blank.
- Please print legibly in black or blue ink. Your answers will be typed into the documents.
- Answers that go beyond the scope of the workbook will not be typed and may cause delays.
- Changes requested after your documents have been prepared, may result in additional charges.

[1] DO YOU NEED A POWER OF ATTORNEY FOR FINANCIAL MATTERS? YES NO

[2] DO YOU NEED A POWER OF ATTORNEY FOR HEALTH CARE MATTERS? YES NO

[3] IS THERE AN EXISTING POWER OF ATTORNEY YOU NEED TO REVOKE? YES NO

*If yes, we can prepare that for you for an additional charge.
Please ask for a Revocation Workbook.*

[4] WHO IS GIVING THE POWER?

[5] NAME _____

[6] MALE
 FEMALE

[7] ADDRESS _____

STREET NUMBER AND NAME

CITY, STATE, AND ZIP CODE

[8] TELEPHONE _____

[9] IN WHAT COUNTY and STATE
WILL THIS DOCUMENT BE
SIGNED?

County: _____ State: _____

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STORE: _____

CUSTOMER: _____

I have reviewed this page for clarity and legibility with the customer.

The above answers were provided by me and I did not receive any legal advice from **THE DOCUMENT SPECIALISTS** personnel in completing my forms.

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POWER OF ATTORNEY FOR FINANCES AND PROPERTY MATTERS: Answer questions 10 - 15 if you need a power of attorney for financial matters.

[10] THE POWER OF ATTORNEY FOR FINANCES AND PROPERTY MATTERS SHOULD BE (choose one):

- Effective Now **OR** Effective Upon Disability "**Springing**"

Note that the springing power of attorney is not an option in the form for Minnesota.

Be sure to review the discussion about potential issues with a springing power of attorney in the *THE DOCUMENT SPECIALISTS Guide to Powers of Attorney*.

ENTER THE INFORMATION BELOW FOR THE PERSONS TO ACT AS YOUR FINANCIAL AGENT.

The forms allow you to list up to three financial agents—additional agents will not be typed.

[11] **FIRST FINANCIAL AGENT:**

- If you wish for your spouse to act as your financial agent, be sure to include your spouse's name below.**

NAME _____ MALE FEMALE

ADDRESS _____

_____ ZIP CODE _____ PHONE _____

[12] **SECOND FINANCIAL AGENT (OPTIONAL):**

NAME _____ MALE FEMALE

ADDRESS _____

_____ ZIP CODE _____ PHONE _____

[13] **THIRD FINANCIAL AGENT (OPTIONAL):**

NAME _____ MALE FEMALE

ADDRESS _____

_____ ZIP CODE _____ PHONE _____

[14] IF YOU LISTED MULTIPLE AGENTS ABOVE, INDICATE HOW THEY SHOULD SERVE (*select only one option*).

- Each agent will serve in the order listed (*On the NY form, a third agent cannot be listed with this selection.*)
- All agents will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if **either** of the first two is unable (*Not available on the NY form.*)
- The first two will serve as **co-agents**; the third will serve if **both** of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first is unable

[15] If you selected a co-agent option, do they act jointly or separately (*select only one*)? (*Not available on the NY form.*)

- Co-agents must act jointly **OR** Co-agents may act separately

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STORE: _____ CUSTOMER: _____
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POWER OF ATTORNEY FOR HEALTH CARE DECISIONS - Answer questions 16 - 20 if you need a power of attorney for health care.

ENTER THE INFORMATION FOR THE PERSONS TO ACT AS YOUR HEALTH CARE AGENT. The forms allow you to list up to three health care agents—additional agents will not be typed.

[16] **FIRST HEALTH CARE AGENT:**

If you wish for your spouse to act as your health care agent, be sure to include your spouse's name below.

NAME _____ MALE FEMALE

ADDRESS _____

_____ ZIP CODE _____ PHONE _____

[17] **SECOND HEALTH CARE AGENT (OPTIONAL):**

NAME _____ MALE FEMALE

ADDRESS _____

_____ ZIP CODE _____ PHONE _____

[18] **THIRD HEALTH CARE AGENT (OPTIONAL):**

NAME _____ MALE FEMALE

ADDRESS _____

_____ ZIP CODE _____ PHONE _____

[19] IF YOU LISTED MULTIPLE AGENTS, INDICATE HOW THEY SHOULD SERVE (select only one option).

Note that co-agents are not an option in the form for the following states: AK, CT, ID, MI, NC, NY, OR, PA, UT

- Each agent will serve in the order listed
- All agents listed will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if **either** of the first two is unable
- The first two will serve as **co-agents**; the third will serve if **both** of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first is unable

[20] If you selected a co-agent option, do they act jointly or separately (select only one)?

- Co-agents must act jointly OR Co-agents may act separately

STORE: _____

CUSTOMER: _____

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