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ORGANIZER FOR ESTATE PLANNING DISABILITY DOCUMENTS

Name: _____

Nickname: _____

Birth Date: _____

SS #: _____

Address: _____

City/State/Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

STATUTORY DURABLE POWER OF ATTORNEY

If you could not handle your own business affairs, who would you want to handle them for you?

1st _____

Address _____

City/Zip _____

2nd _____

Address _____

City/Zip _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

If you could not make health care decisions for yourself, who would you want to make them for you?

1st _____

Address _____

City/Zip _____

Phone _____

2nd _____

Address _____

City/Zip _____

Phone _____

DIRECTIVE TO PHYSICIANS

Do you want a written directive not to use extraordinary life-sustaining medical care, but only medical care to keep you comfortable if you have a terminal or irreversible medical condition?

Yes _____

No _____ -

GUARDIAN FOR ADULT

Do you want to appoint a Guardian for yourself in the event you have long term physical or mental incapacity? If yes, who would you appoint to serve as your guardian? Who, if anyone, would you direct that you did not want to serve as your guardian?

Yes _____

No _____

DESIGNATE TO SERVE:

1st _____

2nd _____

DESIGNATE NOT TO SERVE:

1st _____

2nd _____