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ORGANIZER FOR ESTATE PLANNING DISABILITY DOCUMENTS

CLIENT 1

CLIENT 2

Name:		
Nickname:		
Birth Date:		
SS #:		
Address:		
City/State/Zip:		
County:		
Home Phone:		
Cell Phone:		
E-mail:		
# Prior marriage(s):		
U.S. Citizen Y/N		

STATUTORY DURABLE POWER OF ATTORNEY

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

CLIENT 1

CLIENT 2

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?

CLIENT 1

CLIENT 2

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?

	Client 1		Client 2
Yes	_____	Yes	_____
No	_____	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?

	Client 1		Client 2
Yes	_____	Yes	_____
No	_____	No	_____

DESIGNATE TO SERVE:

	CLIENT 1	CLIENT 2
1 st	_____	_____
2 nd	_____	_____

DESIGNATE NOT TO SERVE:

	CLIENT 1	CLIENT 2
1 st	_____	_____
2 nd	_____	_____