



POA QUESTIONNAIRE

This questionnaire is designed to help you gather the preliminary information needed to create a Power of Attorney. Once completed, make an appointment to meet me in my office and I will assist you in making a legal Power of Attorney. All information contained within this questionnaire is strictly confidential and will not be shared with others pursuant to my Privacy Policy. For a copy of the Privacy Policy, please ask.

Some things you should know before getting started:

- A Power of Attorney is no longer valid if the Attorney dies, becomes bankrupt, or becomes insolvent;
- Your Attorney can do anything financially that the you can do. There are some exceptions; for example, your Attorney cannot transfer your property into the Attorney's personal name unless the document specifically provides for this, nor can the Attorney make/change your Will.
- Your Attorney must act in your best interests and use any instructions or known beliefs or wishes as a guide as far as practicable.
- Your Attorney cannot access your safety deposit box unless specific authorization is given by you, either in the document or to the bank where the safety deposit box is located. For this reason, it is not advisable to keep the Power of Attorney in a safety deposit box.
- You must be aware that should your Attorney mismanage your assets, they could diminish in value.

Form Instructions: Complete as much of the form as you wish. Many of the questions need only a simple Yes, No, Y, N, or leave the field blank.

INFORMATION ABOUT YOU

Full Legal Name: _____
Address: _____
Gender: _____
Date of Birth: _____
Phone: _____

INFORMATION ABOUT YOUR ATTORNEY

- ① You must appoint at least one Attorney who will be your primary Attorney. If your primary Attorney cannot act for whatever reason, you may name alternates in ② on the next page.

Full Legal Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone: _____

If you have appointed more than one attorney, do you want them to be able to act separately or require them to act together? Note that if they must act together and if one of them becomes incapable, dies, or refuses to act, the Power of Attorney document may be void and you may not be competent at the time to make a new Power of Attorney.

I want my Attorney's to (Act together or be able to act separately) _____

If your Attorney's must act together, under what situation(s) will you allow one Attorney to act alone?

____ An Attorney dies

____ An Attorneys becomes incapable or very ill

____ An Attorneys moves away

____ An Attorney refuses to act

Do the events described above have to be confirmed by a third party? _____

If you answered Yes to the above question, who must confirm the events (Physicians, names of people)? _____

2 If the Attorney(s) named in #1 above for whatever reason cannot act, who do you want to take their place? Note: You do not have to name anyone.

Full Legal Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone: _____

Note that any choice that you have made in #1 regarding any requirement to act together applies to your alternate attorney unless otherwise stated below:

ADDITIONAL POWERS GRANTED TO YOUR ATTORNEY

Answer Yes or No to the following questions:

Do you want your Attorney to be able to act during any subsequent mental infirmity on your part? _____

Do you want your Attorney to be able to transfer your property into his/her name? _____

Do you want your Attorney to have access to your safety deposit box? _____

Do you want your attorney to have access to a copy of your Will (so that he/she does not accidentally dispose of something that was intended as a gift in the Will) _____

Do you want your attorney to be able to distribute personal effects and/or other major assets prior to your death, should you become incapable and are subsequently living in a care facility? _____

If you answered Yes to the above question, have you made up a memorandum to identify who should get certain items? _____

Do you want your attorney to be able to use your resources to support a dependent child and/or spouse/foster child? _____

If you have minor children:

Do you want your attorney to be able to utilize your resources for the care, education and maintenance of your children throughout their minority years? _____

As long as your resources remain sufficient to maintain your and your spouse's care and expenses, do you want the Attorney to utilize your resources for the care, education and maintenance of your children while they are attending a post-secondary educational institution? _____

Do you want your Attorney to be paid? _____

If your Attorney is to be paid, indicate:

_____ Out of Pocket expenses

_____ A reasonable hourly rate of & ____ for time spent on your behalf

_____ A fee arrangement (generally for professionals) based on

- Capital fee of ____% of value of trust property, and
 - An annual income fee of ____% of income earned, and
 - An annual care and management fee of ____% calculated on the average value of the trust property
-

ASSETS

Do you own real property? _____

If YES, list the addresses below:

It is important that your name as shown in your Power of Attorney matches exactly to the name that is registered on the title to your real property. If the name on the title to the property does not match your Power of Attorney, there may be issues with your Attorney dealing with your property. I can search the titles to your property at the Land Title Office to ensure that there will be no problem. The fee per title searched is \$20.00.

Do you want me to conduct title searches on your property? _____

We will discuss other assets that you may own when we meet.

NOTES AND ADDITIONAL INFORMATION

Use this section to add to or clarify something in this form.

Thank you for completing this questionnaire. Either bring it to me when we meet or email it to me at molly@mollynotary.com. We will discuss your options and prepare for you a Power of Attorney that suits your needs.