

Durable Power of Attorney for Finances Questionnaire



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Member Central/Northern Arizona

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___ Con ___ Intv ___ Doc Prep

Durable Power of Attorney for Finances

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HOW DID YOU HEAR ABOUT US?

Web Site

Yellow Pages

Billboard

Referred by Someone

Previous Client

Other _____

1. Personal Information:

Full name: _____ <i>Legal Name (First MI Last)</i>			
Address: _____ Line 1			Apt. #
Address: _____ Line 2			
City: _____	State: _____	ZIP _____	
Social Security No.:	__ __	__ __	
Home Phone No.	() _____	Work Phone No.	() _____
Cell Phone _____	() _____		
Date of Birth: _____ <i>(mm/dd/yy)</i>	Age: _____		
E-Mail: _____			

Gender: Male Female

2. Who will be your Attorney-in-Fact?

Full name: _____ <i>Legal Name (First MI Last)</i>			
Address: _____ Line 1			Apt. #
Address: _____ Line 2			
City: _____	State: _____	ZIP _____	
Home Phone No.	() _____	Work Phone No.	() _____
Cell Phone _____	() _____		

Gender: Male Female

3. Who will be your 1st Alternative Attorney-in-Fact?

Full name: → <i>Legal Name (First MI Last)</i>			
Address: → Line 1			Apt. #
Address: → Line 2			
City: →	State:	ZIP	
Home Phone No.	()	Work Phone No.	()
Cell Phone →	()		

Gender: Male Female

4. Who will be your 2nd Alternative Attorney-in-Fact?

Full name: → <i>Legal Name (First MI Last)</i>			
Address: → Line 1			Apt. #
Address: → Line 2			
City: →	State:	ZIP	
Home Phone No.	()	Work Phone No.	()
Cell Phone →	()		

Gender: Male Female

5. Do you want to give your Attorney-in-Fact power regarding:

Real estate transactions..... Yes
 Yes, but my Attorney-in-Fact cannot sell my home
 No

Tangible personal property..... Yes No

Securities Transactions..... Yes No

Banking transactions..... Yes No

Business decisions..... Yes No

Estate, trusts, and other beneficiary transactions..... Yes No

Transfer property items into your living trust..... Yes No

Handle legal actions..... Yes No

Spend money to take care of you and your family..... Yes No

Conduct transaction regarding government benefits..... Yes No

Conduct retirement plan transactions..... Yes No

Deal with taxes..... Yes No

The making of gifts

No.

Yes, my Attorney-in-Fact can make gifts to him or herself. The maximum amount they can gift themselves in a calendar year \$ _____

No, my Attorney-in-Fact cannot make gifts to him or herself

and

Yes, my Attorney-in-Fact can gift to anyone they choose

Yes, but only gift to: _____

6. Do you want your Attorney-in-Fact to make periodic reports? Yes No

If yes to who do you want your Attorney-in-Fact to make the reports to?

Full name: _____ <i>Legal Name (First MI Last)</i>	
Address: _____ Line 1	Apt. # _____
Address: _____ Line 2	
City: _____	State: _____ ZIP _____

If yes how after are the reports to be made?

- Quarterly
 Semiannually

7. Can you Attorney-in-Fact delegate tasks? Yes No
8. Do you want your Attorney-in-Fact to benefit from any action taken on your behalf? Yes No
9. Do you want any alternative Attorney-in-Fact to benefit from any action taken on your behalf? Yes No
10. Can your Attorney-in-Fact commingle your funds with their own? Yes No
11. Can your Alternative Attorney-in-Fact commingle your funds with their own? Yes No
12. Do you want to pay your Attorney-in-Fact for handling your affairs? Yes No

If yes, a reasonable amount determined by my Attorney-in-Fact.

If yes, the amount of \$ _____.

13. Do you want to nominate your Attorney-in-Fact as the conservator or guardian of your estate if necessary? Yes No

Name: x _____

Date: _____
(mm/dd/yyyy)