



**A FINANCIAL LEGAL SERVICES CORPORATION**

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## **POWER OF ATTORNEY QUESTIONNAIRE**

### **Tell Me About Yourself:**

1. Your Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_
2. Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Marital Status?  Single  Married  Divorced  Widowed  Domestic Partnership
5. Partner/Spouse's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_
6. Are you at least 18 years of age and of sound mind? \_\_\_\_
7. Do you want this power of attorney for finances to take effect?  
 Immediately  
 Only if I become incapacitated

### **Triggering Event**

Who will certify that you are incapacitated?

One Doctor

I want to name my doctor now

I want my attorney to in-fact choose one doctor

Doctor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

Two Doctor's

I want to name my doctors now

I want my attorney to in-fact chose two doctors

Doctor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

### **How many attorney-in-facts do you want?**

How many people will you name as your attorney-in-fact? ( we recommend you choose only one person but we can discuss these options at a later date.)

One

Two

Three

Attorney-in-fact Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

Attorney-in-fact Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

Attorney-in-fact Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

How do you want your attorneys-in-fact to exercise their authority?

They must agree on everything they do

Each can act independently

You may want an alternate or successor Attorney-in-fact. This person will step in if none of your named attorneys are able to serve. If one of your first two choices of attorneys-in-fact is unable to serve, the others will act.

Enter your alternate's name and address here. Leave the spaces blank if you wish not to name an alternate.

Attorney-in-fact Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_

### **Giving Powers to your attorney-in-fact**

Do you want to give your attorney-in-fact the power to conduct real estate transactions for you?

- Yes
- Yes, but my attorney-in-fact may not sell my home
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power over your tangible personal property?

- Yes
- No
- Let me decide after we discuss this issue

Do you want give your attorney-in-fact the power to conduct securities transactions for you?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to conduct banking transactions on your behalf?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to make business decisions for you?

- Yes

- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to handle insurance and annuity matters for you?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to conduct estate, trust, and beneficiary transactions on your behalf?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to transfer items of your property into your living trust?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to handle legal actions for you?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact permission to spend money to take care of you and your family?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to conduct transactions involving government benefits?

- Yes
- No
- Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to conduct retirement plans transactions?

- Yes
- No

Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to deal with your taxes?

Yes

No

Let me decide after we discuss this issue

Do you want to give your attorney-in-fact the power to make gifts?

Yes

I do want to give my attorney-in-fact the power to make gifts of my property, as I specify.

No

I do not want my attorney-in-fact to makes gifts of my property.

Let me decide after we discuss this issue

Do you want your attorney-in-fact to make reports

Yes, to whom does the reports go?:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

No

Let me decide after we discuss this issue

I want my attorney-in-fact to make reports:

Quarterly

Semi-Quarterly

Other

Do you want your attorney(s)-in-fact to delegate authority to other people?

Yes

No

Let me decide after we discuss this issue

Do you want your attorney-in-fact to care for your pets?

Yes

**Pet :**

Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Feeding requirements: \_\_\_\_\_

Medications: \_\_\_\_\_

Unusual Behaviors: \_\_\_\_\_

(attach additional sheet if needed)

No

Let me decide after we discuss this issue

Do you want your attorney-in-fact to benefit from actions taken on your behalf?

Yes

My attorney-in-fact is free to benefit personally from any action taken on my behalf.

No

My attorney-in-fact may not benefit personally from any action taken on my behalf.

Let me decide after we discuss this issue

May your attorney-in-fact continue commingling your funds with his or her own?

Yes

No

Let me decide after we discuss this issue

Do you want to pay your attorney-in-fact for handling your affairs?

No

I do not want to pay my attorney-in-fact for his or her services.

Yes, a reasonable amount

I want to pay the attorney a reasonable amount, determined by the attorney-in-fact for his or her services.

Yes, an amount that I specify.

If yes how much do you want to pay your attorney-in-fact? \_\_\_\_\_.