POWER OF ATTORNEY WORKSHEET

I. Personal Information

Your Legal Name (first, middle, last): _____

Maiden Name (if applicable): _____

Mailing Address: _____

_____

(City) (State) (Zip) (Parish)

Email Address: _____

Telephone Number: _____

Date of Birth:_____/_____/_____ Last 4 digits of SSN _____

Marital Status: Single/Married/Divorced/Widowed/or Domestic Partner:

Should we be aware of any impairments that affect your ability to read, and/or sign your documents? Yes or No:

If so, what is the nature of the impairment?

_____

II. Agent(s)

A. State below the person you would like to give power to act on your behalf:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address: _____

_____

(City) (State) (Zip)

Parish/County_____

Relationship to you:_____

Email Address: _____

Telephone Number:_____

Date of Birth: _____/_____/_____ Last 4 digits of SSN: _____

George-Young Law, LLC
3324 Line Avenue
Shreveport, Louisiana 71104
(318) 517-1983

B. If the person named above (in section A) cannot act on your behalf, do you want to name an alternate agent?

If so, please provide the following for the alternate agent:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address: _____

_____

(City) (State) (Zip)

Parish/County_____

Relationship to you:_____

Email Address: _____

Telephone Number:_____

Date of Birth:_____/_____/_____ Last 4 digits of SSN: _____

III. Terms

1) Do you want this power to be used for a specific purpose?

   If yes, please state the reason(s) or purpose(s) you would like this restricted:

   _____

   _____

2) Do you want this power of attorney to remain in effect if you become unable to act for yourself due to illness or incapacity?
   Yes or No:

3) Do you want a time limit on how long the power of attorney can be used?
   Yes or No:
   If so, how long?_____

4) Do you want your agent to have the ability to donate your property on your behalf?
   Yes or No:

5) Do you want your agent to have the ability to donate your property or do anything that would directly benefit him or her?
   (For example, do you want your agent to have ability to donate your land to your agent or write check from your account payable to your agent?)
   Yes or No:

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6) Do you have a living will? Yes or No:

If so, does your living will give someone the power to make healthcare decisions? Yes or No:

Please use this space for questions or comments.

_____

_____

_____

_____

_____

Would you like a copy of your power of attorney draft to be emailed or mailed to you?

Emailed or Mailed:

How did you hear about us?_____

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