

INDIVIDUAL PRELIMINARY INFORMATION

Full Legal Name: _____		(Jr., Sr., III?)
Name you prefer to be called: _____	Title: _____	Mr. Mrs. Ms. Dr.
Date of Birth: _____	<input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower
Home Address: _____		
City: _____	State: _____	Zip: _____
County of Residence: _____	Home Phone: _____	
Cell Phone: _____	Best place to reach you: _____	
Send drafts via? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Client will pick up		
Email (Primary): _____	(CC): _____	
Date Questionnaire Completed: _____	What type of ID will you provide for the Notary? _____	

Who do you want to name as agent(s) on your **Durable Power of Attorney?**

(A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

1 st Agent	Name: _____ Relation: _____	Address: _____ _____
"and/or" or In Succession _____		
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
"and/or" or In Succession _____		
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as your **Health Care Surrogate?**

1 st Agent	Name: _____ Phone: _____	Address: _____ _____
"and/or" or In Succession _____		
2 nd Agent	Name: _____ Phone: _____	Address: _____ _____
"and/or" or In Succession _____		
3 rd Agent	Name: _____ Phone: _____	Address: _____ _____