

SINGLE PRELIMINARY INFORMATION

Full Name:	
Name you prefer to be called:	Citizen of US? <input type="checkbox"/> Yes <input type="checkbox"/> No, where?
Date of birth:	Last 3 Digits of SSN: _____ DL#: _____
Cell Phone:	Email: _____

Place of Employment: _____	
Work Address: _____	
City, State: _____	Zip Code: _____
Work Phone _____	Work Fax: _____

Home Address: _____		
City: _____	State: _____	Zip: _____
County of Residence: _____	Home Phone: _____	

Did anyone refer you to us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom may we thank? _____
Where will you be storing your completed documents? _____

LAST WILL and TESTAMENT: While you may think a Will is not needed, if you die without a Will with any asset that needs to be probated to have access to (ie: bank account with no POD or ROS), probate will be more expensive and time consuming than if you have a Will Do you want a Will? _____

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

(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.)

Do you want the DPA to be effective immediately or only upon declaration of incapacity? _____.

Do you have any other POAs? _____.

Agent(s)

	Name: _____	Address: _____
1 st Agent	Relation: _____	_____
2 nd Agent	Relation: _____	_____
3 rd Agent	Relation: _____	_____

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

Agent(s)		
1 st Agent	Name: _____ Relation: _____	Address: _____ _____ Phone Number(s): _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____ Phone Number(s): _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____ Phone Number(s): _____ _____

Who do you want to name as the **Guardian(s)** of yourself if you are unable to care for yourself?

	Name(s)	Relation
1 st Guardian(s)		
2 nd Guardian(s)		
3 rd Guardian(s)		

Who do you want to name on your **HIPAA** document, giving doctors authority to talk to those named?

Agent(s)		
1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to appoint as your **Agent to dispose of your remains**? Do you want to be buried or cremated?

Agent(s)		
1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____