



Jaspers, Moriarty & Wetherille, P.A.
POWER OF ATTORNEY WORKSHEET

Purpose of a Power of Attorney:

A Power of Attorney is a document that gives a person named in the document, the “attorney-in-fact,” the power to conduct business and financial affairs, including signing financial instruments or transferring real estate, on behalf of the maker of the document, which person is called the “Principal.” The Power of Attorney document is effective during your lifetime. You can choose which powers, and whether you want to have these powers and authorities continue during any incapacity.

Principal’s information:

Name: _____

Address: _____

Phone: _____

1. Who do you want to name as your Attorney-in-Fact? If you name multiple individuals, do you want them to exercise their powers jointly? Or do you want them to have the ability to act independently?

Name(s): _____

Address(es): _____

Phone(s): _____

Relationship(s): _____

Exercise of powers: jointly or independently? _____

2. Who do you want to name (if any) as a Successor Attorney-in-Fact if that person dies, resigns, or is otherwise unable to serve? If you name multiple individuals, do you want them to exercise their powers jointly? Or do you want them to have the ability to act independently?

Name(s): _____

Address(es): _____

Phone(s): _____

Relationship(s): _____

Exercise of powers: jointly or independently? _____

3. Do you want this POA document to expire? If so, when? (otherwise POAs are effective only during your lifetime)

Expiration (if applicable): _____

4. Please pick/choose the powers you want your Attorney-in-Fact to have:

- Real property transactions
 - If so, do you want to limit this power to any specific real property?

Yes/No: _____

- Which property? _____

- Tangible personal property transactions
- Bond, share, and commodity transactions
- Banking transactions
- Business operating transactions
- Insurances transactions
- Beneficiary transactions
- Gift transactions
- Fiduciary transactions
- Claims and litigation
- Family maintenance

- Benefits from military service
- Record, reports and statements
- **OR:** all of the powers and all other matters, other than health care decisions under a health care directive

5. Do you want the POA document to continue to be effective if you become incapacitated or incompetent?

Yes/No: _____

6. Do you want the Attorney-in-fact to have the ability to make gifts to themselves?

Yes/No: _____

7. Do you want your Attorney-in-fact to render accountings to you regularly?

Yes/No: _____

- If so, monthly, annually or quarterly? _____
- If not, they will only be required to render an accounting if you request it.