



POWERS OF ATTORNEY QUESTIONNAIRE

*Please take a few moments to complete this questionnaire and bring to your initial appointment.
We will be happy to assist with items in question during your visit or call 708-482-7090.*

DATE _____

NAME _____

First

Middle

Last

DATE OF BIRTH _____

HOME ADDRESS _____

Address

City

State

Zip

YOUR PHONE: HOME () _____

WORK () _____

CELL () _____

DURABLE POWER OF ATTORNEY

FOR PROPERTY INFORMATION

The person(s) named in this section (your Agent) will have the authority to handle all of your personal and business affairs should you become mentally or physically incapacitated. The document is designed to become effective upon your disability, or voluntary activation of it. You should consider their proximity to you, business skills, knowledge of your risk tolerance and estate planning goals.

CHOOSE YOUR AGENTS

<hr/>			
FIRST CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

<hr/>			
SECOND CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

<hr/>			
THIRD CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

DURABLE POWER OF ATTORNEY

FOR HEALTH CARE INFORMATION

The person(s) named in this section (your Agent) will have the authority to handle all of your health care decisions should you become mentally or physically incapacitated. These decisions might include what doctor or hospital to use and whether or not to allow surgery if needed. The document is designed to become effective **only** as specified on the document and will **always** be subject to your express wishes.

CHOOSE YOUR AGENTS

FIRST CHOICE for Power of Attorney for Health Care – Full Name		Relationship	
Address			
City	State	Zip Code	County
Cell Phone	Home Phone	Work Phone	

SECOND CHOICE for Power of Attorney for Health Care – Full Name		Relationship	
Address			
City	State	Zip Code	County
Cell Phone	Home Phone	Work Phone	

THIRD CHOICE for Power of Attorney for Health Care – Full Name		Relationship	
Address			
City	State	Zip Code	County
Cell Phone	Home Phone	Work Phone	

You will also receive the following:

LIVING WILL (DECLARATION)

which will act as a directive if your health care agent is unavailable or unable to fulfill his/her duties.

HIPAA PATIENT AUTHORIZATION

which will act as a directive to any health care provider or insurance company to release your records to your authorized agent(s).

MEDICAL DIRECTIVES WALLET CARD

which will show any medical personnel whom to call in case of emergency

I/We hereby state that the information contained in this questionnaire is complete and truthful to the best of my/our knowledge.

Dated _____

Signature _____



1023 West 55th Street • Suite 200
LaGrange, IL 60525
Phone: 708.482.7090 • Fax: 708.482.7093

Would you like a referral for any of the following?

- Financial Planning
- Life Insurance
- Mortgage/Loans
- Geriatric Care Manager
- Home Care Provider
- Assisted Living/Nursing Home Facilities
- Other:

Other lists that should be provided to your family or your executor that can be extremely helpful are:

SAFE DEPOSIT BOX INVENTORY:

Takes the mystery out of what is in the box, and therefore removes the pressure of getting into the box to find burial instructions or anything else that may be missing.

ASSET LOCATION LIST:

It should communicate not only WHAT assets are owned by a decedent, but WHERE they are, how much they are worth, and any other pertinent information.

INVESTMENT RECORDS:

On the purchase price and date of assets can establish values for capital gains tax purposes. This can avoid problems in the event of a tax audit.

PERSONAL PROPERTY DISTRIBUTION LIST:

Can eliminate squabbles over family memorabilia. A note can resolve a lot of questions. *Example: "I have promised my rocking chair to my daughter, Suzie, and my shotgun to my brother, Bill, and I instruct my executor to keep my promise."*



Our legacy is protecting yours.

1023 West 55th Street • Suite 200
LaGrange, IL 60525
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DIRECTIONS TO WILSON & WILSON

From Interstate 55, The Stevenson Expressway:

- Exit LaGrange Road Northbound
- Take LaGrange Road approximately 2 miles to 55th Street
- Take 55th Street West 1 mile to Wilson & Wilson

**We are located at the west end of the former Fifth Third Bank Building
*Convenient parking in back***

From Interstate 290, The Eisenhower Expressway:

- Exit Wolf Road Southbound
- Take Wolf Road 2 miles to Ogden Avenue Eastbound
- Take Ogden Avenue Eastbound ½ mile to Gilbert Avenue (Willow Springs Road)
- Take Gilbert Avenue (Willow Springs Road) Southbound 2 miles to 55th Street
- Take 55th Street East approx. ½ mile to Wilson & Wilson

From Interstate 294, the Tri-State Toll Road:

- Exit Ogden Avenue Eastbound
- Take Ogden Avenue 1.3 miles to Gilbert Avenue (Willow Springs Road)
- Take Gilbert Avenue (Willow Springs Road) Southbound 2 miles to 55th Street
- Take 55th Street East ½ mile to Wilson & Wilson