

The
McDonnell
Law Firm

DURABLE POWER OF ATTORNEY
QUESTIONNAIRE

Your full name: _____
(First) (Middle) (Last)

Your Address: _____
(Number/Street) (City) (State) (Zip)

County: _____

Telephone Number: _____
(Home) (Work) (Cell)

HEALTHCARE MATTERS

DESIGNATION OF PRIMARY AGENT:

Note: This individual will make all health-care decisions for you.

Agent's full name: _____
(First) (Middle) (Last)

Agent's Address: _____
(Number/Street) (City) (State) (Zip)

County: _____

Agent's Telephone #: _____
(Home) (Work) (Cell)

Agent's Relationship to You: _____

DESIGNATION OF ALTERNATE AGENT:

Agent's full name: _____
(First) (Middle) (Last)

Agent's Address: _____
(Number/Street) (City) (State) (Zip)

County: _____

Agent's Telephone #: _____
(Home) (Work) (Cell)

Agent's Relationship to You: _____

Mark the box that applies:

Choice To Prolong Life

Choice NOT To Prolong Life

If you choose not to prolong life, and you are diagnosed with a terminal illness with no hope of recovery, please mark which options apply and circle the choice of "do" or "do not":

I do or do not want cardiac resuscitation

I do or do not want mechanical respiration (artificial breathing)

I do or do not want tube feeding

I do or do not want antibiotics

I do or do not want pain relief

I do or do not want the administration of saline solutions to prevent dehydration

I do or do not want to be maintained in a vegetative condition

Additional wishes: _____

Primary physician (optional)

Name/Address/Phone: _____

Financial and Property Matters

DESIGNATION OF PRIMARY AGENT:

Note: This individual will be authorized to handle all financial and property matters for you in the event you are deemed incompetent by two physicians.

Agent's full name: _____
(First) (Middle) (Last)

Agent's Address: _____
(Number/Street) (City) (State) (Zip)

County: _____

Agent's Telephone #: _____
(Home) (Work) (Cell)

Agent's Relationship to You: _____

DESIGNATION OF ALTERNATE AGENT:

Agent's full name: _____
(First) (Middle) (Last)

Agent's Address: _____
(Number/Street) (City) (State) (Zip)

County: _____

Agent's Telephone #: _____
(Home) (Work) (Cell)

Agent's Relationship to You: _____

Date: _____

Signature: _____

Printed Name: _____