

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)

* _____ I choose to make this Power of Attorney effective immediately.

* _____ I choose to make this Power of Attorney effective when two (2) physicians have determined in writing that I am incapable of managing my own affairs.

HEALTHCARE MATTERS

DESIGNATION OF PRIMARY AGENT:

Note: This individual will make all healthcare 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: _____

If you are diagnosed with a terminal illness with no hope of recovery, please mark the box that applies:

Choice To Prolong Life (the use of all medical measures to keep you alive)
Additional Wishes: _____

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 circle the choice of "do" or "do not" for each medical treatment:

- 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: _____

Financial and Property Matters

DESIGNATION OF PRIMARY AGENT:

Note: This individual will be authorized to handle any and all financial and property matters 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: _____

Date: _____

Signature: _____

Printed Name: _____