

ESTATE PLANNING QUESTIONNAIRE

During the Police and Family Conference, legal assistance will be available – at no cost – to help Texas residents in attendance in completing a Medical Power of Attorney, a Durable Power of Attorney for Financial Matters, and a Directive to Physicians (Living Will).

Attendees interested in taking advantage of this free service should complete the following Estate Planning Questionnaire and email or fax it by **July 1, 2011** to Tracy Harris at tharris@cailaw.org or fax to (972) 244-3431.

PLEASE PRINT:

1. Full legal name: _____
2. Residential Address (including county): _____

3. **General Power of Attorney.** For purposes of your universal, durable financial power of attorney, who do you want to appoint as your attorney-in-fact:
 - a. Name and relationship: _____
 - b. Address: _____
Phone Numbers (home, office, cell): _____

Is there an alternate person(s) you wish to appoint as your attorney-in-fact in case your first choice is unable to serve?

First alternate, if any:

Second alternate, if any:

Name and relationship: _____

Name and relationship: _____

Address: _____

Address & Phone #s: _____

Phone Numbers (home, office, cell): _____

Phone Numbers (home, office, cell): _____

4. **Medical Power.** For purposes of your Medical Power of Attorney, who do you want to make decisions regarding your health care in the event you are unable to make those decisions yourself?
 - a. Name and relationship: _____
 - b. Address: _____

 - c. All phone numbers (home, office, cell): _____

Is there an alternate person(s) you wish to appoint as your agent under your Medical Power in case your first choice is unable to serve?

First alternate, if any:

Second alternate, if any:

Name and relationship: _____

Name and relationship: _____

Address: _____

Address: _____

Phone numbers (home, office, cell): _____

Phone numbers (home, office, cell): _____

5. **Directive to Physicians.** Do you desire to have a living will? YES ___ NO ___