

Durable Power of Attorney Questionnaire

Your Full Legal Name _____

Agent (Full Legal Name): _____

Relationship of Agent to you: _____

City and State of Residence: _____

1st Alternate Agent (Full Legal Name): _____

Relationship of Alternate Agent to you: _____

City and State of Residence: _____

2nd Alternate Agent (Full Legal Name): _____

Relationship of Alternate Agent to you: _____

City and State of Residence: _____

Spouse's Full Legal Name (if applicable) _____

Agent (Full Legal Name): _____

Relationship of Agent to you: _____

City and State of Residence: _____

1st Alternate Agent (Full Legal Name): _____

Relationship of Alternate Agent to you: _____

City and State of Residence: _____

2nd Alternate Agent (Full Legal Name): _____

Relationship of Alternate Agent to you: _____

City and State of Residence: _____

If you wish to name additional alternates, provide the information on the back of this form.