
**DURABLE (General) POWER OF ATTORNEY
INTAKE INFORMATION**

DESIGNATED ATTORNEY-IN-FACT:

NAME: _____

ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____

PHONE: _____ RELATIONSHIP: _____

DESIGNATED GUARDIAN OF ESTATE

(Usually the same person to whom Power of Attorney is given. This is only valid until death and only becomes operative if you are disabled, incapacitated or declared incompetent)

NAME: _____

ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____

PHONE: _____ RELATIONSHIP: _____