CLIENT DATA SHEET: DURABLE POWER OF ATTORNEY FOR PROPERTY

<u>Return to</u>:

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I. CLIENT'S INFORMATION ("PRINCIPAL")

A. <u>Principal</u>

Full Legal Name	Formally Kno	Formally Known As/Also Known As	
Address			
City	State	Zip	
Phone Number	Email		
Date of Birth	Social Securi	Social Security Number	
B. <u>Spouse</u>			
Full Legal Name	Formally Kno	Formally Known As/Also Known A	
Address			
City	State	Zip	
Phone Number	Email		
Date of Birth	Social Securi	Social Security Number	

C. <u>Children</u>

1. Child

Full Legal Name	Formally Known As/Also Known As	
Address		
City	State	Zip
Phone Number	Email	
Date of Birth	Social Security Number	
Check: □Male □Female		
2. Child		
Full Legal Name	Formally Kno	own As/Also Known As
Address		
City	State	Zip
Phone Number	Email	
Date of Birth	Social Security Number	
Check: □Male □Female		

3. Child

Full Legal Name	Formally Kno	Formally Known As/Also Known As	
Address			
City	State	Zip	
Phone Number	Email		
Date of Birth	Social Securit	Social Security Number	
Check: □Male □Female			
II. INFORMATION ON PR	OPOSED AGENTS		
A. PROPOSED AGENT	(S)		
Full Legal Name	Formally Kno	wn As/Also Known As	
Address			
City	State	Zip	
Phone Number	Email		
Date of Birth	Social Securit	Social Security Number	
Relationship to Principal	Check: \Box Ma	Check:	

Full Legal Name	Formally Known As/Also Known As		
Address			
City	State Zip		
Phone Number	Email		
Date of Birth	Social Security Number		
Relationship to Principal	Check: Male Female		
Do you wish for these two people	e to act jointly or separately as agents?		
B. PROPOSED SUCCES	SSOR AGENT(S)		
Full Legal Name	Formally Known As/Also Known As		
Address			
City	State Zip		
Phone Number	Email		
Date of Birth	Social Security Number	Social Security Number	
Relationship to Principal	Check: □Male □Female	Check: □Male □Female	

Full Legal Name	Formally Known As/Also Known
Address	
City	State Zip
Phone Number	Email
Date of Birth	Social Security Number
Relationship to Principal	Check: □Male □Female

Do you wish for these two people to act jointly or separately as Successor Agents?

C. PROPOSED ALTERNATIVE SUCCESSOR AGENTS

Full Legal Name	Formally Known As/Also Known As	
Address		
City	State	Zip
Phone Number	Email	
Date of Birth	Social Security Number	
Relationship to Principal	Check: □Ma	ale □Female
Full Legal Name	Formally Kno	own As/Also Known As

Address

City	State	Zip	
Phone Number	Email		
Date of Birth	Social Security Number		
Relationship to Principal	Check: \Box Ma	_ Check: □Male □Female	

Do you wish for these two people to act jointly or separately as Alternative Successor Agents?

III. INFORMATION FOR POWERS OF ATTORNEY

A. When do you wish for this Power of Attorney to take effect?

Check: \Box Immediately \Box If my attending physician and/or court says that I have lost mental capacity

B. What kind of powers do you wish to give your agent(s)? Check all that apply:

- \Box real estate transactions
- \Box financial institutions

 \Box stock and bond transactions

- □ personal property transactions
- \Box safe deposit box transactions
- \Box insurance/annuity transactions
- □retirement plan transactions
- □social security, employment and/or military benefits
- \Box tax matters
- \Box claims and litigation
- \Box commodity and option transactions
- \Box business operations
- \Box borrowing transactions

□estate transactions □all other property powers

C. Are there any limitations that you would like on your Agent? (e.g., prohibitions on specific assets or special rules on borrowing)

D. Would you like to give your Agent any additional powers of authority? (e.g., power to make gifts, powers of appointment, name/change beneficiaries or joint tenants, revoke/amend trusts)

E. Would you like for your Agent to have the ability to delegate his/her authority to other persons?

Check: \Box Yes \Box No

F. Would you like for your Agent to have the right to receive reasonable compensation for services rendered under the Power of Attorney?

Check: \Box Yes \Box No

G. Choice of Law

Check:
New York
New Jersey
Connecticut
Other:

H. Besides the office Rincker Law, PLLC, where will original and copies of the Power of Attorney be kept?

I. Other: