CLIENT DATA SHEET:
DURABLE POWER OF ATTORNEY
FOR PROPERTY

Return to:
Rincker Law, PLLC
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New York, NY 10004
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I. CLIENT'S INFORMATION ("PRINCIPAL")

A. Principal

Full Legal Name _____ Formally Known As/Also Known As _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of Birth _____ Social Security Number _____

B. Spouse

Full Legal Name _____ Formally Known As/Also Known As _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of Birth _____ Social Security Number _____

C. Children

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 Known 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 Known As/Also Known As _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of Birth _____ Social Security Number _____

Check: ☐Male ☐Female

II. INFORMATION ON PROPOSED AGENTS

A. PROPOSED AGENT(S)

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

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 to act jointly or separately as agents?

_____

B. PROPOSED SUCCESSOR AGENT(S)

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

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 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: ☐Male ☐Female

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

Relationship to Principal

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: ☐Immediately ☐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:

☐real estate transactions
☐financial institutions
☐stock and bond transactions
☐personal property transactions
☐safe deposit box transactions
☐ insurance/annuity transactions
☐retirement plan transactions
☐social security, employment and/or military benefits
☐ tax matters
☐claims and litigation
☐commodity and option transactions
☐business operations
☐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: ☐Yes ☐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: ☐Yes ☐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:

_____
_____
_____
_____