



Simple Estate Planning Intake

Date _____

QUESTIONS FOR MEDICAL DURABLE POWER OF ATTORNEY

I. Name of Principal _____

II. Town of Principal _____

III. Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Co-Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

IV. Names, addresses and phone numbers of Successor Agents, in order of priority (or none)
First Successor Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Second Successor Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

VI. Health Care Decisions.

Is there a possibility of body components for this client, such as blood, cord blood, gametes, or embryos in storage?

Yes (this is relevant) _____

No (not relevant for this client) _____

V. Medical Directives. (ALL FOR WHEN YOU CANNOT COMMUNICATE)

1. **If you are in a terminal condition or an irreversible coma, do you want your agent to REFUSE medical treatment if you are not going to recover to a normal life or a life where you can have meaningful contact with others?** Would you want your agent to authorize medical treatment that only postpones the moment of your death? Examples of medical treatments include life support, chemotherapy, and surgery.

Yes (refuse) _____ No (keep treating me) _____

2. Is there any amount of time that you want your agent to wait before life support is withdrawn if you are in an irreversible coma?

No _____ 7 days _____ 30 days _____ Other _____

3. **If you are in a terminal condition or an irreversible coma, and medical procedures that merely postpone the time of your death have already been instituted, do you want your agent to be able to stop them?** To comply with your wishes, do you want your Agent to not only prevent the start of medical treatment, but also permit or authorize the withdrawal of previously instituted medical treatment? For example, if a doctor places you on life support, would you want your agent to order it removed if it later becomes clear that you are not going to recover?

Yes (stop treatment) _____ No (continue once started) _____

4. Would you want or allow family members to be present, if they wanted to be present, at the moment when life support is discontinued?

Yes _____ No _____

5. If you are in a terminal condition or irreversible coma, do you want your Agent to be able to prevent or remove procedures that provide nourishment and hydration (including, for example, all forms of intravenous and parenteral feeding, and all forms of tube feeding and misting)?

Yes _____ No _____

6. If you are in a terminal condition or an irreversible coma, do you want your agent to consent to the writing of a "No Code" or "Do Not Resuscitate" order on your chart?

Yes _____ No _____

VI. Provisions for Residence.

1. Do you want to direct your agent that you wish to remain at home for as long as possible before being admitted to any health care facility?

Yes _____ No _____

If yes, is the cost of home care irrelevant or do you only wish to stay home if it is financially reasonable? Would you want all of your assets to be spent on your care?

2. Do you want to receive hospice care, at a facility or at home, when your death is imminent?

Yes _____ No _____ If yes, only at home _____ only at facility _____

VII. Anatomical gifts. Do you want to make anatomical gifts (organ and tissue donation) at the time of your death?

Yes _____ No _____

If no, would you say yes in the case of a close family member? _____

VIII. Untraditional and Alternative Treatments. Do you want your Agent to explore untraditional and alternative treatments such as, but not limited to: Eastern Medicine, Acupuncture, and Holistic Health Treatments?

Yes _____ No _____

IX. Place of Death. When your death is imminent, do you want to die at:

home; _____ hospice; _____ hospital; _____ makes no difference.

X. Advance arrangements. Do you want a funeral or a memorial service?

Yes _____ No _____

If yes: Where? _____

XI. What do you want to tell your Agent about the memorial service? (E.g. who should attend, special music, friends, words you would like said?)

XII. Disposition of Body. Do you want to be _____buried;_____cremated?

Where would you like your ashes or body placed?

XIII. Burial Plan. (If applicable) Have you purchased a burial plan? If so, it is with:

XIV. Do you have any other wishes you want to include in your Medical Durable Power of Attorney?

QUESTIONS FOR GENERAL DURABLE POWER OF ATTORNEY

I. Name of Principal: _____

II. Agent: _____ Ad
dress: _____
City, State, Zip: _____
Telephone Number: _____

Co-Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

IV. Names, addresses and phone numbers of Successor Agents, in order of priority (or none)

First Successor Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Second Successor Agent: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

If you want Co-Agents, do you want them to act only together or be able to act independently?

Act only together _____ Able to act independently _____

Do you have any real estate? Yes _____ No _____

If yes, we need copies of the deeds for the real estate.

Do you want your agent to have the authority to make gifts to himself or herself?

Yes _____ No _____

Do you have any pets? If so, do you have any wishes for your pet(s) that you want to include in the event that you are unable to care for your pet(s)? Do you want your pet(s) to go with a neighbor or family member)?

Our power of attorney will grant authority to create a trust. Do you have an existing trust agreement? If so, what is the date of the trust? _____

Simple Will:

Name of Testator: _____

married (spouse's name) _____

single widowed divorced Client resides in _____ County, Colorado

Children (include names and ages):

1. _____

2. _____

3. _____

4. _____

5. _____

Any specific gifts of your property you would like to leave to family, friends, or favorite charities?

1. _____

2. _____

3. _____

4. _____

How would you like to divide and distribute the remainder of your estate?

Please provide the information about the people you would like to administer your affairs after you are gone.

Personal Representative: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Names, addresses and phone numbers of Successor Personal Representatives, in order of priority (or none):

First Successor PR: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Second Successor PR: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Please list the information about the person you would like to care for any of your minor children.

Guardian for Minor Children: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Names, addresses and phone numbers of Successor Guardian, in order of priority (or none):

First Successor Guardian: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Second Successor Guardian: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Do you have any pets for which you would like to make arrangements for care and support? If yes, please list the name of each pet and who you would like to care for this animal. _____

Documents To Bring With You To Your Initial Session

Names & Address List: *Names, Addresses, Phone Numbers of all family members or agent nominees, Date of Birth of Children*

Estate Planning Documents: *Wills, Trusts, Powers of Attorney, Advanced Directives, Pre/Post Nuptial Agreements*

Deeds to Real Property: *Primary residence, rental/investment property, commercial property, vacant land, and agricultural land*

Asset List and Estimated Values: *Checking Accounts, Savings Account, Certificates of Deposit, Bonds & Stocks, Investment Accounts, Money Market Accounts, Retirement Accounts & Pensions, Mineral Rights, Oil & Gas Rights, Insurance Policies (Life, Burial, Long-term Care), Vehicles (Cars, Boats, etc.)*

It is appreciated if you bring copies for us to keep of all the documents you gather, but this is not necessary. However, if we need to spend time making copies during your appointment, it takes away from the time we have to spend with you analyzing the case.