

DURABLE POWER OF ATTORNEY WORKSHEET
(DPOA) for Property and Health Care

1.

NAME _____

First

Middle

Last

2. ADDRESS _____

No. & Street

City

County

State

ZIP

3. WHO WILL BE YOUR AGENT - Who are you giving power of attorney to, who will be your agent acting on your behalf?

a. First Choice _____

Name

Address including County

b. Second Choice _____

Name

Address including County

c. Third Choice _____

Name

Address including County

4. ADDITIONAL INFORMATION/SPECIAL CONCERNS