KMK LAW CORPORATION
BARRISTERS & SOLICITORS

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Power of Attorney Questionnaire

1. INFORMATION ABOUT YOU

Full name ☐ male ☐ female

Other names you are or have been known by
(for example, your name is Shaun but you use "Sandy")

Occupation
(if retired, also include former occupation)

Address

2. YOUR ATTORNEY/JOINT ATTORNEYS

Whom do you want to be your attorney or co-attorneys?
For each person, please list the following:

Full name ☐ male ☐ female

Relationship to you
(for example, your spouse, son, daughter, friend)

Occupation
(if retired, also include former occupation)

Address

Full name ☐ male ☐ female

Relationship to you
(for example, your spouse, son, daughter, friend

Occupation
(if retired, also include former occupation)

Address

If you appoint two or more attorneys (*select one*):

- ☐ Each of them can act separately, or
- ☐ All of them must act together

3. RESTRICTIONS

Do you wish to limit your power of attorney so your attorney(s) are restricted to dealing with only certain assets? For example, only bank accounts, only a particular piece of real estate?

- ☐ No restrictions
- ☐ Restricted to _____

4. LOSS OF CAPACITY

Do you wish your power of attorney to continue if you lose your capacity?

☐ yes ☐ no

5. TIME LIMITS

Do you wish to limit this power of attorney to a certain time period?

- ☐ No, valid until revoked by me or I die
- ☐ Yes, only valid for _____
  [for example, 30 days, 1 year]

6. PRIOR POWER OF ATTORNEY

Have you given a power of attorney to anyone else?

- ☐ No
- ☐ Yes, to _____

If yes, still valid? ☐ yes ☐ no
If still valid, do you want to revoke it? ☐ yes ☐ no

Reasons for new power of attorney, if you gave a power of attorney to someone else previously?
