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Power of Attorney Questionnaire

POWER OF ATTORNEY QUESTIONNAIRE

PART 1—CLIENT INFORMATION

1. INFORMATION ABOUT YOU

Full name

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

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

Full name

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

Occupation
(if retired, also include former occupation)

Address

Full name

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
-

Do you want to name one or more alternate attorneys?
For each person, please list the following:

Full name

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

Occupation
(*if retired, also include former occupation*)

Address

Full name

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

Occupation
(*if retired, also include former occupation*)

Address

If you appoint two or more alternate 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. ATTORNEY BENEFITTING SELF

Do you wish your attorney to be able to use your assets for:

- | | | |
|---------------------|------------------------------|-----------------------------|
| your spouse/partner | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| your children | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| your attorney | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| other persons? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Can your attorney use the power of attorney to transfer property from you to himself or herself?

6. 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]
-

7. 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?

8. DATE POWER OF ATTORNEY EFFECTIVE

When do you wish the power of attorney to be effective?

- Immediately
- Only when two doctors declare you are incapable of managing your affairs
-

9. REPLACEMENT ATTORNEY

Do you want your attorney to be able to appoint a replacement attorney?

- yes no
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