

MONARCH ESTATE PLANNING

Powers of Attorney Questionnaire Form (Single Person)

Please mail or email the completed form to:

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Scottsdale, Arizona 85258
meagan@monarchestateplanning.com

1. How would you like your name to appear in your legal documents? **NOTE: You may use your middle name or initial.**

_____	_____	_____
First	Middle/Initial	Last

Address: _____
Street address (Apt.)

_____	_____	_____	_____
City	State	Zip	County

Phone (Days): _____
Area code Number

(Evenings): _____
Area code Number

2. Who should handle **financial** matters, during your lifetime, if you are not capable?

First Choice: _____

Second Choice: _____

Third Choice: _____

3. Who should make your **health care** decisions if you are not capable?

First Choice: _____

Second Choice: _____

Third Choice: _____

4. Do you want a living will? **Y** **N**

5. Do you wish to donate your organs for transplant? **Y** **N**

6. Do you want to be cremated? **Y** **N**

7. Any other instructions: _____

Your signature