

# **MONARCH ESTATE PLANNING**

## **Powers of Attorney Questionnaire Form**

### **(Single Person)**

Please mail or email the completed form to:  
**Meagan N. McCraw**  
**8901 East Mountain View Road, Suite 114**  
**Scottsdale, Arizona 85258**  
**[meagan@monarchestateplanning.com](mailto: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.**

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First	Middle/Initial	Last
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City	State	Zip	County
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(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: \_\_\_\_\_

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Your signature