POWER OF ATTORNEY
CLIENT INTAKE QUESTIONNAIRE:

A power of attorney can be signed only by a person who understands what they are signing. If there are concerns about memory or decision-making, contact us right away — a conservatorship may be needed instead. A power of attorney ends at death.

CONFIDENTIAL. A power of attorney authorizes a person you choose (your agent, or "attorney-in-fact") to act for you in financial and/or health care matters. The person creating it is the "principal." Syndicate will meet with the principal privately to confirm their wishes. If a question does not apply, write "N/A." If unknown, write "Unknown."

THE PRINCIPAL (PERSON GRANTING POWERS):

This form is completed by:

[__] The principal [__] Family member / friend helping the principal

[__] Principal's Full Legal Name: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Primary language: _____

Name / relationship of person assisting (if any): _____

Preferred method of contact:

[__] Phone [__] Text [__] Email [__] Mail

PART 1 — WHAT DO YOU NEED?

1.1 Check all that apply:

[__] Durable financial power of attorney

[__] Limited / special power of attorney (one task or transaction)

[__] Health care power of attorney *

[__] Power of attorney for a real estate transaction

[__] Power of attorney for care of a minor child

[__] Military / deployment power of attorney

[__] Revoke an existing power of attorney

[__] Agent is misusing a power of attorney **

** Health care decisions are generally included in an Advance Health Care Directive; please also complete that intake form. ** For suspected misuse, please also complete our Elder Law & Elder Protection Intake Form.*

1.2 Why do you need a power of attorney now (travel, illness, aging, deployment, a specific transaction)? ___

_____

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PART 2 — ABOUT THE PRINCIPAL

2.1 Marital status:

[__] Single [__] Married [__] Registered domestic partner

[__] Widowed [__] Divorced

2.2 Currently living in:

[__] Own home [__] With family [__] Assisted living

[__] Skilled nursing facility [__] Hospital

If the principal lives in a skilled nursing facility, California generally requires a patient advocate or ombudsman to witness the document.

2.3 Has a doctor raised concerns about memory or decision-making? [__] Yes [__] No

2.4 Does the principal need help reading or signing (vision, language, disability)? [__] Yes [__] No

If yes, explain: _____

_____

PART 3 — YOUR AGENT(S)

Role	Full Name	Relationship	Phone / Email
Primary agent			
Co-agent (if any)			
1st successor agent			
2nd successor agent			

3.1 If co-agents, they should act:

[__] Together (both must agree) [__] Independently (either may act alone)

3.2 Is there anyone who should NEVER serve as your agent? [__] Yes [__] No

If yes, explain: _____

_____

PART 4 — POWERS GRANTED

4.1 General powers (check all you want to grant):

[__] Real estate [__] Banking & financial accounts

[__] Investments & stocks [__] Retirement accounts

[__] Business operations [__] Tax matters

[__] Government benefits (SSA, Medi-Cal, VA) [__] Insurance & annuities

[__] Claims & lawsuits [__] Digital assets & online accounts

[__] Personal & family support [__] Pets

4.2 Special Powers (must be specifically granted):

[__] Make gifts (limit: $_____ per person / year)

[__] Create, amend, or fund a trust

[__] Change beneficiaries on accounts / insurance

[__] Apply for Medi-Cal / Medicaid planning

[__] Pay the agent reasonable compensation

[__] None of these

4.3 Any powers you do NOT want your agent to have, or specific instructions: _____

_____

PART 5 — WHEN IT STARTS & ENDS

5.1 When should it take effect?

[__] Effective immediately

[__] Effective only if I become incapacitated ("springing")

If springing — who determines incapacity (e.g., one or two physicians): _____

5.2 Duration:

[__] Durable — continues if I become incapacitated

[__] Ends on a specific date

[__] Ends when a specific task is complete

End date / task: _____

Some banks and title companies are slow to accept "springing" powers of attorney because proof of incapacity is required.

PART 6 — OVERSIGHT

6.1 Should the agent provide periodic accountings to someone? [__] Yes [__] No

If yes — to whom and how often: _____

6.2 Do you want to nominate your agent as conservator if one is ever needed? [__] Yes [__] No

PART 7 — EXISTING DOCUMENTS

7.1 Documents in place:

[__] Prior power of attorney [__] Will [__] Living trust

[__] Advance health care directive [__] None

7.2 Should any prior power of attorney be revoked? [__] Yes [__] No

If yes — date of prior document and agent named: _____

A revocation should be delivered in writing to the prior agent and to any bank or institution that has the old document.

PART 8 — SIGNING

8.1 Signing method:

[__] Notary public [__] Two qualified witnesses [__] No preference

California generally allows a power of attorney to be notarized or signed before two qualified witnesses. Notarization is required if the document will be recorded for a real estate transaction.

8.2 Can the principal travel to sign, or is a home / hospital visit needed? [__] Yes [__] No

If yes, explain: _____

_____

8.3 Is anyone pressuring the principal to sign or to choose a certain agent? [__] Yes [__] No

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Principal's photo ID

[__] Will / trust / health care directive

[__] Deeds to real estate

[__] Bank's own POA form (if required)

[__] Prior power of attorney

[__] List of bank & investment accounts

[__] Business documents

[__] Military orders (if applicable)

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge, and that the choices described reflect the principal's own wishes. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of preparing a power of attorney.

Signed and dated this ____ day of _____, 20___

Signature (Principal): _____

Print Name: _____

Signature (Person Assisting): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.