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**Estate Planning Information Sheet for
Durable Power of Attorney, Health Care Power of Attorney, and Living Will**

Date: _____

Your Name: _____
(as you wish it to appear in your estate planning documents)

Marital Status: _____

Address: _____

Your Phone Numbers: Home: _____ Work: _____

Email: _____

Where is your Legal Residence:

City: _____

County: _____

Durable Power of Attorney

In North Carolina, you can sign a **Durable Power of Attorney** to appoint someone to handle your assets if you become incapacitated.

Do you currently have a Power-of-Attorney? Yes No (*check one*)

Would you like to have a Power of Attorney? (or updated) Yes No (*check one*)

Do you know who you would like your agent under your Durable Power of Attorney to be?
(*check one*)

Yes, I wish my agent to be:

Full Name: _____

Relationship: _____

Address: _____

No, I wish to discuss this with you during our initial consultation.

Do you know who you would like your substitute agent under your Durable Power of Attorney to be? (*check one*)

Yes, I wish my substitute agent to be:

Full Name: _____

Relationship: _____

Address: _____

No, I wish to discuss this with you during our initial consultation.

Do you want your agent to be able to give gifts of your property? Yes No (*check one*)

If so, would you like to restrict the agent in his or her authority:

To only make gifts of your property to your spouse (if any): Yes No (*check one*)

To only make gifts of your property to your descendants (if any): Yes No (*check one*)

Effective Date:

Your Durable Power of Attorney may be effective 1) immediately or 2) only if you become incapacitated or mentally incompetent. If it is effective immediately, your attorney-in-fact may perform any of the actions authorized by the power of attorney. If you do not wish to give your attorney-in-fact these powers immediately, you may want to make it effective only if you become incapacitated or mentally incompetent.

If you chose to make your Durable Power of Attorney effective only if you become incapacitated or mentally incompetent, you may specify who makes this determination. For example, you may specify that your durable power of attorney is effective only after one or more doctors have stated in writing that you are unable to handle your personal and/or financial affairs because of physical incapacity, mental incompetence, or diminished capacity.

If your Durable Power of Attorney does not specify who makes this determination, your durable power of attorney is effective when your attorney-in-fact states in a sworn affidavit that you are incapacitated or mentally incompetent. Thus, your attorney-in-fact determines when your Durable Power of Attorney is effective.

When do you want your Durable Power of Attorney to be effective? (*choose one*)

I wish for my Durable Power of Attorney to be effective immediately.

I wish for my Durable Power of Attorney to be effective only if I become incapacitated or mentally incompetent, as determined by my attorney-in-fact.

I wish for my Durable Power of Attorney to be effective only if I become incapacitated or mentally incompetent, as determined by:

Full Name: _____

Relationship: _____

Address: _____

I wish to specify a test for determining when my Durable Power of Attorney is to be effective. (*describe below*)

Health Care Power of Attorney

You can also appoint a **Health Care Power of Attorney** to make health care decisions for you when you are unable to do so yourself. This person can provide informed consent for treatment, or even refuse treatment for you.

Do you currently have a Health Care Agent? Yes No (*check one*)

Would you like to have a Health Care Agent? (or updated) Yes No (*check one*)

Do you know who you would like your agent under your Health Care Power of Attorney to be?
(*check one*)

Yes, I wish my agent to be:

Yes, SAME AS PAGE 2

Full Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

No, I wish to discuss this with you during our initial consultation.

Do you know who you would like your substitute agent under your Health Care Power of Attorney to be? (*check one*)

Yes, I wish my substitute agent to be:

Yes, SAME AS PAGE 2

Full Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

No, I wish to discuss this with you during our initial consultation.

Designation of Doctor:

Your health care power of attorney is effective when a doctor states in writing that you lack sufficient understanding or capacity to make or communicate health care decisions. You may name the doctor (or doctors) you want to make this determination. If the doctor you name is unavailable or if you choose not to name a doctor, the doctor taking care of you may determine when your health care power of attorney is effective.

Do you want to specify a doctor to determine when your Health Care Power of Attorney should become effective?

Yes, an effort should be made to contact:

Full Name: _____

Office Phone: _____

Office Address: _____

No, any doctor can make this determination for me.

Powers Granted to a Health Care Agent:

A health care power of attorney gives your health care agent broad powers to make health care decisions for you, including the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive. This power exists only when you cannot give informed consent for your medical care.

Appointing someone as your health care agent does not impose a duty on your health care agent to exercise granted powers. However, when your health care agent exercises a power, he or she must act in your best interests following the directions in your health care power of attorney. Because the powers granted by a health care power of attorney are broad and sweeping, you should discuss your wishes concerning life-sustaining procedures with your health care agent.

You may give your health care agent the power to authorize an autopsy, dispose of your remains, or donate your organs or any other part of your body for medical purposes. However, your health care power of attorney is revoked at your death, so your health care agent must exercise these rights while you are still alive. Also, if you remain competent up to the time of your death, your agent may not have an opportunity to exercise these powers. If you want to make sure that your after-death choices are respected, you must do more than give these powers to your health care agent. Ask your attorney for details. If you wish to give your health care agent these powers, please mark the appropriate line.

Can your Health Care Agent:

- | | | |
|--|-----|-----------------------|
| Authorize an autopsy? | Yes | No <i>(check one)</i> |
| Donate your organs? | Yes | No <i>(check one)</i> |
| Make a disposition of all or any part of your body for medical purposes? | Yes | No <i>(check one)</i> |
| Direct the disposition of your remains? | Yes | No <i>(check one)</i> |

Funeral Arrangements:

If you want your health care agent to handle funeral arrangements, please describe any special requests about funeral, burial, cremation, or memorial arrangements:

For any other details, please describe in the Additional Information section. (end of form)

Living Will

A **Living Will** is a document whereby an individual sets forth his or wishes in case of terminal illness or persistent unconsciousness where the individual, also, is no longer capable of participating in his or her health care decisions.

Do you currently have a Living Will?	Yes	No (<i>check one</i>)
Would you like to have a Living Will? (or updated)	Yes	No (<i>check one</i>)

When you sign your living will, you will be required to initial some choices. To help you make those choices, please read the following definitions, and answer the following questions:

- *Extraordinary Means* includes any medical procedure that artificially postpones the moment of death by supporting or replacing a vital bodily function.
- *Artificial Nutrition or Hydration* describes the use of feeding tubes or other invasive means to give someone food or water.
- *Persistent Vegetative State* means that you have had a complete loss of self-aware cognition and you will die soon without the use of extraordinary means or artificial nutrition or hydration.

Do you want to be kept alive by extraordinary means if you are terminally and incurably ill?	Yes	No (<i>check one</i>)
Do you want to be kept alive by artificial nutrition or hydration if you are terminally and incurably ill?	Yes	No (<i>check one</i>)
Do you want to be kept alive by extraordinary means if you are diagnosed as being in a persistent vegetative state?	Yes	No (<i>check one</i>)
Do you want to be kept alive by artificial nutrition or hydration if you are diagnosed as being in a persistent vegetative state?	Yes	No (<i>check one</i>)

Additional Information

Please provide any additional information below:

*Once completed, please submit this information to the Law Office of Leslie A. Argenta, PLLC.
If filled out online, this form can be submitted electronically by pressing the submit button below.
Otherwise, please fax completed form to (919) 854-0487.*