

**POWERS OF ATTORNEY**  
**Information Gathering Form**

*For Office Use Only*

Date: \_\_\_\_\_

Lawyer: \_\_\_\_\_

File No.: \_\_\_\_\_

Please be advised that by filling out of this form, you agree to retain the law firm of RV Law LLP for the purposes of drafting Powers of Attorney for Personal Care and Property.

\_\_\_\_\_  
Signature

Print Name:

1. Grantor's full legal name: \_\_\_\_\_

also known as: \_\_\_\_\_

Address (Street, City, and Postal Code):

\_\_\_\_\_  
\_\_\_\_\_

Is the above Principal residence? [ ] Yes [ ] No

If "no" please provide:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth (Month/Day/Year):

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Business) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Email) \_\_\_\_\_

2. Attorney/Agent/Donee's full legal name: \_\_\_\_\_

also known as: \_\_\_\_\_

Relationship to grantor: \_\_\_\_\_

Address (Street, City, and Postal Code):

\_\_\_\_\_

Date of Birth (Month/Day/Year):

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Business) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Email) \_\_\_\_\_

3. List alternate Attorney(s) and if more than one (1) and whether they are required to act jointly or jointly and severally.

Alternate Attorney/Agent/Donee's full legal name: \_\_\_\_\_  
also known as: \_\_\_\_\_

Relationship to grantor: \_\_\_\_\_

Address (Street, City, and Postal Code): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_  
(Business) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Email) \_\_\_\_\_

Alternate Attorney/Agent/Donee's full legal name: \_\_\_\_\_  
also known as: \_\_\_\_\_

Relationship to grantor: \_\_\_\_\_

Address (Street, City, and Postal Code): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_  
(Business) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Email) \_\_\_\_\_

4. List any Restrictions and/or special instructions.

Personal care:

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Property:

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5. List any Restrictions and/or special instructions with respect to performance of their duties.

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