

POWER OF ATTORNEY
INFORMATION SHEET

Grantor's Name (the individual granting the power):

Address: _____ Phone #: _____
_____ Drivers License # _____

Grantee's Name (the individual receiving the power):

Address: _____ Phone #: _____

Children's complete names

Purpose of Power of Attorney: _____

When the Power of Attorney is to begin: _____

When the Power of Attorney is to end: _____

Dated: _____

Grantor

Please read the information sheet carefully and check for correct spelling of names and correct dates. Any wrong information or changes due to misspellings or changes by you will require a \$15.00 charge. You must notify us within 30 days if there are any errors or omissions. After 30 days there will be a charge for changes.