

Arnold & Arnold, Ltd.

ATTORNEYS AND ADVISORS AT LAW

Supplemental Estate Planning Intake Form Single Person

CLIENT: _____

Power of Attorney

1. Do you intend for the power of attorney to remain effective if you become incapacitated? Yes No
2. Do you intend for the power of attorney to become effective upon execution of document or upon the occurrence of a future event or at a future date (i.e. when you become incapacitated)? Effective when executed

Effective upon future occurrence or at future date

If you intend for the document to become effective upon the occurrence of a future event or at a future date, please specify:

3. Please check any actions that you intend to expressly authorize in the power of attorney: (CAUTION: Granting any of powers below will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death)

Create a trust;

Amend, revoke, or terminate an inter vivos trust, even if specific authority to do so is granted to the agent in the trust agreement;

Make a gift;

Create or change rights of survivorship;

Create or change a beneficiary designation;

Delegate authority granted under the power of attorney;

Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan;

Exercise fiduciary powers that the principal has authority to delegate

4. Which areas do you intend to authorize your agent and any successor agent to act for you under the power of attorney:

Real Property

Tangible Personal Property

Stocks and Bonds

Commodities and Options

Banks and Other Financial Institutions

Operation of Entity or Business

Insurance and Annuities

Estates, Trusts, and Other Beneficial Interests

Claims and Litigation

Personal and Family Maintenance

Benefits from Governmental Programs or Civil or Military Service

Retirement Plans

Taxes

All Preceding Subjects

Health Care Power of Attorney

1. Do you intend for the Health Care Power of Attorney to expire on a certain date or after the occurrence of a specific event? Yes No

If yes, please provide additional information:

Living Will

1. Do you intend for this declaration to apply when you are in a terminal condition, in a permanently unconscious state, or both?
Terminal Condition Only Permanently Unconscious State Only Both

Terminal Condition (ORC 2133.01) - means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a declarant's or other patient's attending physician and one other physician who has examined the declarant or other patient, both of the following apply:

- (1) There can be no recovery.
- (2) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

Permanently Unconscious State (ORC 2133.01) - means a state of permanent unconsciousness in a declarant or other patient that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the declarant's or other patient's attending physician and one other physician who has examined the declarant or other patient, is characterized by both of the following:

- (1) Irreversible unawareness of one's being and environment.
- (2) Total loss of cerebral cortical functioning, resulting in the declarant or other patient having no capacity to experience pain or suffering.

2. Do you intend for this declaration to authorize your attending physician to withhold or withdraw life-sustaining treatment when you are in a permanently unconscious state and when the nutrition and hydration will not or no longer serve to provide comfort to you or alleviate your pain? Yes No
3. Do you intend to make an anatomical gift upon your death? Yes No

Anatomical Gift (ORC 2108.01) - means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research, or education.

If yes, select an option:

Option 1:

Upon my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

Option 2:

Upon my death, I make an anatomical gift of the following specified organ, tissues, or eyes:

ALL ORGANS, TISSUES AND EYES

ORGANS:

HEART
LUNGS
LIVER
KIDNEYS
PANCREAS
INTESTINE/SMALL BOWEL

TISSUES:

EYES/CORNEAS
LIGAMENTS
HEART VALVES
VESSELS
BONE
FASCIA
TENDONS
SKIN

For the following purposes authorized by law:

ALL PURPOSES
TRANSPLANTATION
THERAPY
RESEARCH
EDUCATION