



# McGRATH LAW OFFICE P.C.

ATTORNEYS  
MARK MCGRATH  
PAT MCGRATH

ASSOCIATE ATTORNEY  
GRANT SCHRICKER

OF COUNSEL  
LES VICARY

RETIRED  
THOMAS E. DAVIES

Appointment scheduled for: \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

## MEMORANDUM

TO: Clients inquiring about Power of Attorneys

FROM: McGrath Law Office, P.C.

Attached to this Memorandum is a Power of Attorney Organizer. The purpose of this organizer is to obtain preliminary information from you concerning the Power of Attorney that our office can prepare for you. Attached to the organizer is a newsletter from our office that summarizes Power of Attorneys.

If you have any questions on filling out this organizer please don't hesitate to contact any member of our staff. They would be glad to assist you. If some of the questions do not apply to you, then simply skip those questions. This organizer is not a test but rather an organizer designed to obtain relevant information. Please sign and date the last page acknowledging that all information you have given to this law firm is complete and accurate.

Thanks again. We look forward to meeting with you to review your Power of Attorneys plan in detail.

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### PLEASE REPLY TO:

- ☐ MACKINAW OFFICE • 113 S. MAIN ST., P.O. BOX 139 MACKINAW, IL 61755 • PHONE: 309-359-3461
  - ☐ MORTON OFFICE • 1600 S. FOURTH AVE., SUITE 137 MORTON, IL 61550 • PHONE: 309-266-6211
- EMAIL: EMAIL@MCGRATHPC.COM • WEB: WWW.MCGRATHPC.COM
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# POWER OF ATTORNEY ORGANIZER

## BACKGROUND INFORMATION – CLIENT 1

CLIENT 1: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME Phone #: \_\_\_\_\_ WORK Phone #: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

## FAMILY INFORMATION – CLIENT 1

1. Parents Names: (CIRCLE)
- a) Mother: \_\_\_\_\_ Alive or Deceased?
- b) Father: \_\_\_\_\_ Alive or Deceased?
2. Siblings:
- a. \_\_\_\_\_ Alive or Deceased?
- b. \_\_\_\_\_ Alive or Deceased?
- c. \_\_\_\_\_ Alive or Deceased?
- d. \_\_\_\_\_ Alive or Deceased?
- e. \_\_\_\_\_ Alive or Deceased?
3. Prior Marriages:
- a. \_\_\_\_\_ Death or Divorce?
- b. \_\_\_\_\_ Death or Divorce?
- c. \_\_\_\_\_ Death or Divorce?

BACKGROUND INFORMATION – CLIENT 2

CLIENT 2: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

☐ Check here if Client 2's address is the same as Client 1, and skip address section below

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME Phone #: \_\_\_\_\_ WORK Phone #: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

FAMILY INFORMATION – CLIENT 2

1. Parents Names: (CIRCLE)
- a) Mother: \_\_\_\_\_ Alive or Deceased?
- b) Father: \_\_\_\_\_ Alive or Deceased?
2. Siblings:
- a) \_\_\_\_\_ Alive or Deceased?
- b) \_\_\_\_\_ Alive or Deceased?
- c) \_\_\_\_\_ Alive or Deceased?
- d) \_\_\_\_\_ Alive or Deceased?
- e) \_\_\_\_\_ Alive or Deceased?
3. Prior Marriages:
- a) \_\_\_\_\_ Death or Divorce?
- b) \_\_\_\_\_ Death or Divorce?
- c) \_\_\_\_\_ Death or Divorce?

4. Children:

Name	Age	Born or Adopted	Parents	Alive or Deceased

5. Who referred you to this office? \_\_\_\_\_

6. Do you have a Power of Attorney now\*?                      YES    or    NO

\*If yes bring it to the appointment.

7. Do you have a Living Will now\*?                                YES    or    NO

\*If yes bring it to the appointment

8. Do you have a Do Not Resuscitate (DNR) now\*?            YES    or    NO

\*If yes bring it to the appointment

9. Safekeeping of valuable records and documents is important. Where do you keep  
your insurance policies, birth certificates and other important papers? \_\_\_\_\_

10. Where will you keep your Powers of Attorney? \_\_\_\_\_

## HEALTH CARE POWER OF ATTORNEY

Who would you like to make health care decisions for you in the event you need assistance? The person you choose will be called your Agent. You cannot name two or more people to be Co-Agents. Therefore, you need to select one Agent and if possible, Successor Agents who would serve in the order specified in the event that the first agent named is unable to serve.

A. 1<sup>st</sup> Agent::

1. Name:\_\_\_\_\_
2. Address:\_\_\_\_\_
3. Phone #:\_\_\_\_\_

B. Successor Agent:

1. Name:\_\_\_\_\_
2. Address:\_\_\_\_\_
3. Phone #:\_\_\_\_\_

B. 2<sup>nd</sup> Successor Agent:

1. Name:\_\_\_\_\_
2. Address:\_\_\_\_\_
3. Phone #:\_\_\_\_\_

FINANCIAL POWER OF ATTORNEY (PROPERTY)

Who would you like to make your financial decisions for you if you need assistance? You cannot name two or more people to be Co-Agents. Therefore, you need to select one Agent and if possible, Successor Agents who would serve in the order specified in the event that the first agent named is unable to serve.

A. 1<sup>st</sup> Agent::

4. Name: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Phone #: \_\_\_\_\_

C. Successor Agent:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone #: \_\_\_\_\_

B. 2<sup>nd</sup> Successor Agent:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone #: \_\_\_\_\_