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FDPOA INTAKE FORM

Matter Reference: _____ **Client Name:** _____

POA Effective: Springing _____ Standing _____

If Springing, conditions which trigger authority: _____

Agent 1: Sole Agent Co-agent Co-agent, acting separately Successor agent

Name: _____ Address: _____

Phone: _____ Email: _____

Agent 2: Sole Agent Co-agent Co-agent, acting separately Successor agent

Name: _____ Address: _____

Phone: _____ Email: _____

Agent 3: Sole Agent Co-agent Co-agent, acting separately Successor agent

Name: _____ Address: _____

Phone: _____ Email: _____

1. Power Regarding Bank, Credit Union, Money Markets, and Certificates of Deposit
YES _____ NO _____

2. Power Regarding Safe-Deposit Boxes
YES _____ NO _____

3. Power Regarding Real Property
YES _____ NO _____

List Address or Legal Description of all Properties:

- a. _____
- b. _____
- c. _____
- d. _____

4. Power Regarding Personal Property and Pets
YES _____ NO _____

5. Power Regarding Credit Cards
YES _____ NO _____

6. Power to Exercise Rights in Stocks, Bonds and Other Securities
YES _____ NO _____

7. Power to Receive Dividends, Interest and Other Income
YES _____ NO _____

8. Power to Liquidate and Invest
YES _____ NO _____

9. Power to Qualify for SSI and Medicaid
YES _____ NO _____

10. Power to Make Gifts and Obtain Medicaid Assistance
YES _____ NO _____

a. It is my intent that legal gifting strategies be used to qualify me for Medicaid assistance. YES _____ NO _____

b. I specifically authorize my Agent to make gifts in my name and on my behalf to my Agent, but only if another Agent appointed herein consents to such gifts.

YES _____ NO _____

IF NONFAMILY MEMBER IS AGENT OR SUCCESSOR AGENT
THEN CHANGE CLAUSE AS FOLLOWS:

I do not authorize my Agent to make gifts in my name and on my behalf to my Agent, unless _____, as my special agent consents to such gifts.

- c. This authority to make gifts shall include, without limitation, the right to assign income, and
- d. Provided however, that when gifts are made to a person or persons, they shall be consistent with my established estate plan.

11. Power to Handle Mail and Telephone

YES ___ NO ___

12. Power to Borrow Money (Including any Insurance Policy Loans)

YES ___ NO ___

13. Powers Regarding Life Insurance, Annuities, IRAs and Qualified Plans

YES ___ NO ___

14. Power to Demand and Receive

YES ___ NO ___

15. Power Regarding Social Security and Other Government Benefits

YES ___ NO ___

16. U.S. Savings Bonds and Treasury Bills

YES ___ NO ___

17. Veteran's Benefits

YES ___ NO ___

18. Power to Establish, Amend and Revoke Living Trust

YES ___ NO ___

a. Name of Living Trust: _____

b. Power to Amend, Revoke Trust: YES ___ NO ___

IF CHECKED "NO" USE THE FOLLOWING CLAUSE: my agent shall not have the power or authority to amend or revoke any trust in which I have the power to amend or revoke for my benefit or for the benefit of any of my family members or charities, upon such terms and conditions as my Agent shall deem appropriate, signing for me as a Settlor and/or as a Trustee and/or as a beneficiary. Provided however, my Agent shall not establish or amend any trust which

disrupts my existing estate plan or which may result in any gifts to himself/herself unless my Agent obtains the prior consent of another Agent designated herein.

19. Power to Transfer into or from Trusts

YES ___ NO ___

20. Power to Contract

YES ___ NO ___

21. Power to Appoint Agent

YES ___ NO ___

22. Power to Handle Liability and Health Insurances

YES ___ NO ___

23. Power to Pay Bills

YES ___ NO ___

24. Power to Make Legal Claim

YES ___ NO ___

25. Disclaimer

YES ___ NO ___

26. Funeral Arrangements and Anatomical Gifts (IF AGENT UNDER MDPOA MARK NO)

YES ___ NO ___

27. Power to Release Life Estate

YES ___ NO ___

28. Power of Appointment

YES ___ NO ___

29. Power to Arrange for Care, Housing, and In-Home Care

YES ___ NO ___

IF MDPOA AGENT IS DIFFERENT, DETERMINE WHO SHOULD HAVE THE FOLLOWING AUTHORITY (DEFAULT LANGUAGE IS TO ALLOW AGENT UNDER MDPOA AUTHORITY):

- a. To have access to and control over my medical records;
- b. To employ and discharge physicians, nurses, therapists, nurses' aides and any other care providers, including, but not limited to, home health aids, domestic personal care providers and chore workers, as my Agent may

deem necessary and appropriate for my physical, mental or emotional well being;

- c. To give informed consent on my behalf with respect to any medical care, including diagnostic, surgical or therapeutic procedures or other treatment of any type whether conventional or experimental;
- d. To consent to and to arrange for administration of pain relieving drugs or therapy.
- e. To execute waivers, medical authorizations and such other approval forms as may be required to permit or authorize care which I may need;
- f. To make decisions regarding my care, custody, housing authorization, or refusal to authorize, my placement in the home of a relative or friend, in an adult foster care home, in a home for the aged, in a nursing home, in a hospice, in a hospital or in any other licensed or certified facility and in a community-based residential facility.
- g. If I became disabled and have a limited ability to care for myself for an extended period of time, it is my preference that I live at my existing home, if this is feasible, and I authorize my Agent to explore ways to allow me to remain at home, to provide and pay for care givers and housekeeping services in my home.
- h. If the person appointed as my Patient Advocate or Health Care Agent under a Medical Durable Power of Attorney shall be authorized to act because of my inability to make medical treatment decisions, then said Patient Advocate or Health Care Agent, if different than the Agent herein, shall supersede my Agent herein and my Agent herein shall not act under these Paragraphs (a) through (h).

30. HIPAA Release Authority
YES ___ NO ___

31. Power to Act Regarding Closely Held Entities and Fiduciary Roles
YES ___ NO ___

32. Power to Establish a New Domicile
YES ___ NO ___

33. Broad Powers
YES ___ NO ___

SECTION 17
REIMBURSEMENT AND COMPENSATION OF AGENT

Select One:

_____ My Agent and any successor Agent(s) shall be entitled to reasonable compensation and reimbursement for all reasonable costs and expenses actually incurred and paid by Agent and any successor Agent(s) while acting as my Agent under this Durable Power of Attorney.

_____ My Agent and any successor Agent(s) shall NOT be entitled to reasonable compensation and reimbursement for all reasonable costs and expenses actually incurred and paid by Agent and any successor Agent(s) while acting as my Agent under this Durable Power of Attorney.