THE LAW OFFICES OF

LEE M. PERLMAN

1926 GREENTREE ROAD, SUITE 100, CHERRY HILL, NEW JERSEY 08003
Telephone (856) 751-4224, Facsimile (856) 751-4226
www.newjerseybankruptcy.com

LEE M. PERLMAN CHRISTOPHER G. CASSIEÑ MICHAEL R. BROWERÑ AMY L. KNAPP

MARY CATHERINE DOHERTY SYLVIA VARANO VANESSA DASHIAK* CATHERINE FLETCHER* RENEE SCARGLE* LAUREN PATANOVICH*

KRISTEN C.P. PERLMAN, M.B.A. <

•ALSO ADMITTED IN PENNSYLVANIA
A CERTIFIED BANKRUPTCY ASSISTANT
*LEGAL ASSISTANT
+ FAIR CREDIT REPORTING COORDINATOR

BURLINGTON COUNTY OFFICE: 137 High Street Mt. Holly, NJ 08060

OCEAN COUNTY OFFICE:

230 Main Street 2nd Floor, Suite B Toms River, NJ 08753

PLEASE REPLY TO: CHERRY HILL OFFICE

DURABLE POWER OF ATTORNEY QUESTIONNAIRE

A Durable Power of Attorney is a legal document in which a person (called the "Principal") appoints an agent (sometimes referred to as an "attorney-in-fact") to act on his or her behalf in personal, financial and business dealings.

FULL LEGAL NAME OF	PRINCIPAL			
STREET ADDRESS				
		ZIP CODE		
CITY	STATE	_ ZIP CODE		
NAME OF PROPOSED	□ ALTERNATE AGENT			
☐ CO-AGENT Will co-agents be able to make decisions				

	independent of one another? \square Yes \square No)
NAME O	OF PROPOSED ALTERNATE OR CO-AGENT	
RELATIC	ONSHIP	
STREET /	ADDRESS	
	STATE ZIP CODE	
<u> </u>		
NAME O	DF PROPOSED □ ALTERNATE AGENT □ CO-AGENT: Will co-agents be able to make decisions independent of one another □ Yes □ No	
NAME O	OF PROPOSED ALTERNATE OR CO-AGENT	
RELATIC	ONSHIP	
STREET A	ADDRESS	
	STATE ZIP CODE	
PLEASE 1	INDICATE YOUR WISHES BY CHECKING ONE BOX BELOW:	
	I WANT A GENERAL DURABLE POWER OF ATTORNEY . THIS TYPE OF POWER OF ATTORNEY GRANTS TO YOUR AGENT BROAD AUTHORITY AND WILL BECOME EFFECTIVE ON THE DATE THAT YOU SIGN T DOCUMENT. THIS POWER OF ATTORNEY WILL REMAIN IN EFFECT IRRESPECTIVE OF ANY INCAPACITY.	ΉE
	I WANT A SPRINGING DURABLE POWER OF ATTORNEY . THIS TYPE OF POWER OF ATTORNEY GRANTS TO YOUR AGENT BROAD AUTHORITY, BUT ONLY BECOMES EFFECTIVE AFTER A DOCTOR HAS CERTIFITHAT YOU ARE UNABLE TO MANAGE YOUR AFFAIRS AS A RESULT OF	ŒD

INCAPACITY.

CONFIRMATION OF INFORMATION AND INSTRUCTIONS:

that the instructions I have p	provided reflect my wishes.	1	
Signature	Print Name		
Data			

I confirm the information provided by me in this form is complete and accurate and