

Legit Adult Package
Information Questionnaire

Upon completion, please email this information questionnaire to Estates@ShepardLawPLLC.com. We will be in touch shortly to schedule your phone consultation.

Name: _____

Age: _____ Date of Birth: _____ Phone Number: _____

Permanent Address: _____

E-Mail Address: _____

Marital Status: _____

First Parent:

Name: _____

Phone #: _____ E-Mail: _____

*For Durable Power of Attorney, you want this power to be
immediately available or Only upon your incapacity?*

Second Parent:

Name: _____

Phone #: _____ E-Mail: _____

*For Durable Power of Attorney, you want this power to be
immediately available or Only upon your incapacity?*

Do you want your parents to be co agents on your Durable Power of Attorney? _____

This package contains a Durable Power of Attorney, Healthcare Power of Attorney and a HIPPA Waiver.