

Step-By-Step Instructions for CDEL's Automated Suite of Documents for Wills and TODIs on Contract Express

The link to the questionnaire is: <u>https://nal.contractexpress.com/app/public/40742</u>.

General Tips

- Navigate using the arrows on bottom right of screen
- Save and close pages when completed on top right and bottom left of screen
 - There will be a green arrow on the menu to the left when page is completed
- Use Preview to Open any document you have completed
- When you close the site, you cannot return to it
- <u>ALL Documents are generated and provided to CDEL you do not need to download</u> <u>anything</u>





Step-By-Step Instructions for CDEL's Automated Suite of Documents for Powers of Attorney on Contract Express

The link to the questionnaire is: <u>https://nal.contractexpress.com/app/public/40742</u>.

General Tips

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- <u>ALL Documents are generated and provided to CDEL you do not need to download</u> <u>anything</u>

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Introduction

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Questionnaire User

- Enter your name
- You are a volunteer attorney
- Enter your email
- Select whether it is a test if your are testing out and it is not a real client this should say "Yes – this is a test"

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CDEL Program & Client Client's Address	Last name: *	
Demographics	Role with CDEL: *	
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CDEL Program & Client

- Select appropriate program
 - Power of Attorney (POA for Property, Health Care and Living Will)
 - o Housing Preservation (TODI workshop)
 - Estate Planning (Wills and TODIs)
- Enter client's name

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	Counsel Have you (the client) spoken to any other attorneys about this matter? Yes No SAVE & CONTINUE	
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CDEL Limited Client Agreement Acceptance

- Make sure to read the LCA out loud and make sure they understand the scope of the representation
- Use the <u>**Preview</u>** button at the top of the screen to see the LCA</u>
- Will inquire if you are willing to use an electronic signature
- Select yes to advance to next screen

Demographics and Veteran Information for CDEL

• Demographic and veteran information was collected before the appointments

<u>Client's Address</u>

• Will show up on documents <u>exactly</u> as you type it so please type accordingly and use proper spacing and punctuation

<u>Client's Marital Status</u>



Health Care Power of Attorney

- Is there a prior POA?
- Select yes to advance to the questionnaire

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	Health Care Power of Attorney	
Marital Status 🥥	Do you already have a current Power of Attorney for Health Care?*	
Health Care Power of Attorney	○ Yes — ○ No	
Health POA - Health Decisions	O Not sure	
Burial Arrangements	Would you like CDEL to assist you in drafting a Power of Attorney for Health Care now? *	
Property Power of Attorney	○ No	
Property POA - Agent Powers	SAVE & CONTINUE	
Property POA - Options		
Notes for CDEL	•	
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Health Care Power of Attorney: Health Care Agent – First Choice

- Agent's full name
- Agent's address and phone number will appear on document exactly as you type it

Successor Health Care Agent

• Use whatever information is available that day so if not ready to name a successor then select no and continue with the questionnaire

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	lealth Care Power of Attorney	Who do you want to name as an agent for making health care decisions for you if you are incapable? Agent's full name: *	
н	lealth POA - Health Decisions	Select or Enter Other	
В	urial Arrangements	Please ensure the Relationship, Address, and Phone are correct below. If selecting a name from the list, note that default answers will only update the first time you visit this page.	
Pr	roperty Power of Attorney	Relationship: *	
Pr	roperty POA - Agent Powers	Select 👻	
Pi	roperty POA - Options	Address (please at least include City, State): *	
N	lotes for CDEL	•	
		Phone number:	
		Note we strongly encourage providing the agent's phone number here, as the individual may need to be contacted quickly when the Power of Attorney is activated.	
		Successor Health Care Agent #1	
		Are you naming a successor health care agent (to act if the agent selected above is unable or does not want to make health care decisions for you)? *	
		○ Yes	
		○ No Yes is recommended.	
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Health Care Power of Attorney – Health Care Decisions

- Whether agent should be guardian of the person if one is needed
- When POA becomes active
- End of Life Care



Burial Arrangements

- Burial or cremation and any prepaid plans
- Organ donation or autopsy selection

Power of Attorney for Property

- Is there a prior POA?
- Read the Notice in full and get verbal okay use Preview button to view

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Marital Status Health Care Power of Attorney Health POA - Health Decisions	Vocume Would you like CDEL to assist you in drafting a Power of Attorney for Property now?* Yes No	
Burial Arrangements Property Power of Attorney	Property Power of Attorney: Property Agent - First Choice Who do you name as agent for making property or business-type decisions for you? Agent's full name: *	
	Select or Enter Other	
	Relationship: * Select Address (please at least include City, State):	
	Phone number:	
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Power of Attorney for Property: Agent First Choice

- Follow guide for Health Care
- Dropdown menu will have all prior agents and their relationships and address and phone numbers

Property Agent – Successor Agents

Property Power of Attorney – Agent's Powers

- Intended to be broad unless client directs otherwise
- ONLY check ones client does not want

Property Power of Attorney Options

- Delegation of discretionary powers
- Agent compensation
- Extra Powers



Notes for CDEL

Questionnaire Feedback



Final Page

• Save and close when questionnaire completed

For Power of Attorney Documents

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Questionnaire User

- Enter your name
- You are a volunteer attorney
- Enter your email
- Select whether it is a test if your are testing out and it is not a real client this should say "Yes this is a test"

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CDEL Program & Client

- Select appropriate program
 - Power of Attorney (POA for Property, Health Care and Living Will)
 - Housing Preservation (TODI workshop)
 - o Estate Planning (Wills and TODIs)
- Enter client's name

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	Please select the client's applicable CDEL Program: *	
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CDEL Program & Client	Client	
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Demographics		
Marital Status	Client's last name (surname) *	
Veteran Questions		
Phildren .	Need to collect client's income and demographic data for CDEL?	
	Yes No, already collected	
	Select "No" only if CDEL has already collected all the client's demographic and household income data.	
	Is the client a veteran or the spouse of a veteran (of the United States military)? *	
	O Yes O No	
	Counsel	
	Have you (the client) spoken to any other attorneys about this matter?	
	○ Yes ○ No	
	SAVE & CONTINUE	
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CDEL Limited Client Agreement Acceptance

- Make sure to read the LCA out loud and make sure they understand the scope of the representation
- Use the **<u>Preview</u>** button at the top of the screen to see the LCA
- Will inquire if you are willing to use an electronic signature

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Other Counsel

- Yes/No
- If yes, provide contact information and whether retained

Demographics and Veteran Information for CDEL

• Demographic and veteran information was collected before the appointment

<u>Client's Address</u>

• Will show up on documents <u>exactly</u> as you type it so please type accordingly and use proper spacing and punctuation

Client's Marital Status

- Select marital status
- If married, answer if disinheriting spouse
 - If yes, explain spousal share
- Add requested information
- If you don't have date of divorce or death, add what you do have

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Children

- List children (birth or adoption)
- Are they minors?
- Want to provide for future children?
- Any step-children?
- Fill in all needed details about children



Household Information

Guardianship for Minor Children

- Wish to nominate a guardian for minor children?
- Wish to have sole or co-guardians?
- Provide requested information for guardians

<u>Real Property</u>

- Does client own real property?
- Own any other real property?

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Real Property Information

• Enter address, county, PIN, and title information

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	_	Residential Property Information for TODI	
	Real Property	Please enter information about the residential property transferred by the Transfer on Death Instrument (TODI).	
	Real Property Information	Property address: Street address*	
	TODI Beneficiaries Setup	Include unit number, if applicable.	
	TODI Successor Beneficiaries	Property address: City, State (Illinois) and Zip*	
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	Additional Assets	County where the property is located:	
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	Residual Estate	Property Identification Number ("PIN"). This should be in the format 12-12-123-123-1234	
	David of Fault Constant David single	This information is required to complete the TODI, but if you do not know it now, leave this field <u>blank</u> and CDEL can	
		pull it from public records based on the address.	
		Property legal description:	
		See Attachment.	
		If you do not currently know the legal description, or if it is longer than a single paragraph or otherwise easier to	
		If you do not currently know the legal description, or if its longer than a single paragraph or otherwise easier to include via an attachment, enter "See Attachment" here and add the legal description in a separate attachment later.	
		Who is on the title for the residential property?	
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TODI Beneficiaries Setup

- List number of beneficiaries
- List beneficiaries' information
- How should title be held?

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			TODI Residential Property Beneficiaries
Real Pr	roperty	 • 	How many Beneficiaries of your residential property should be listed on the TODI?*
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	Beneficiaries Setup		
	Successor Beneficiaries		Multiple Beneficiaries
		- 1	 How would you like the multiple Beneficiaries to hold title to the property? Joint Tenancy with right of survivorship (equal shares): Your Beneficiaries all have equal shares and, after
	onal Assets		 Joint remarks with right of survivorsing (equationality), four beneficialities an laye equationalities and are solved as a solved solved
Specifi			Tenancy in common: Your beneficiaries may have different ownership interests. For example, one
	ual Estate		beneficiary may have a 50% interest, while other beneficiaries may each have a 25% interest. It must all add up to 100%. After your death, when a tenant in common passes away, their interest is transferred through their estate , instead of to the other tenants in common.
Deside			
			How should the property beneficiaries take title?* joint tenants with right of survivorship (equal shares)
			 tenants in common (equal or unequal shares)
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TODI Successor Beneficiaries

- Identify and provide details
- Use information available when you do the questionnaire

Additional Assets

• Provide information as requested for sage deposit box, bank accounts, life insurance, retirement accounts, vehicles, and stocks and bonds.

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Specific Gifts

- List any specific gift
- Get successor beneficiary where possible



Residual Estate

- Number of beneficiaries
- Provide information as requested

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	Residual Estate	
	Residual Estate The remaining portion of your estate (called your "residual estate") includes any and all property not specially named or gifted above.	
	Residual Estate Beneficiaries On the next page, you will list the names of individuals or charities that you would like to leave the rest of your property, also called your "residuary estate."	
	Residual Estate Successor Beneficiaries How many beneficiaries of the residuary estate would you like to name?*	
	Liabilities of the Estate	
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Residual Estate Successor Beneficiaries



Liabilities of the Estate

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	Residual Estate Beneficiaries	
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	Executors	
	Health Care Power of Attorney	
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Executors

- First choice information
- Alternate choice information

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		Executor of the Estate	
Residual Estate	o 1	The Executor is the person responsible for carrying out the terms of the will. Name an Executor and an alternate, in case the first choice Executor is unable or unwilling to serve for any reason.	
Residual Estate Beneficiari	ies 🥥	Who do you name as Executor?	
Residual Estate Successor	Beneficiaries	First choice - Full name:*	
Liabilities of the Estate	0	Select or Enter Other Please ensure the Relationship and Address below are correct. If selecting a name from the list, note that default	
Executors		Relationship and Address answers will only update the first time you visit this page.	
Health Care Power of Attor	ney	Relationship:*	
Health POA - Health Decisi	ons	Select *	
Linia 1000 Destanda	¥	Address (please enter City, State):*	
		Alternative Executor	
		Do you wish to name an alternative (successor) executor at this time?*	
		○ Yes ○ No	
		Yes is recommended. However, if you are not ready to name a successor executor today, then select No.	
		SAVE & CONTINUE	
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Notes for CDEL

Questionnaire Feedback

Final Page

• Save and close when questionnaire completed



$CDEL\,QUESTIONNAIRE\,ANSWERS\,SHEET$

Client: {...}

INTRODUCTION				
CDEL Estates Package - Introduction				
QUESTIONNAIRE USER				
Questionnaire User				
First name:	UNKNOWN			
Last name:	UNKNOWN			
Role with CDEL:	UNKNOWN			
Email address:	UNKNOWN			
Is this questionnaire use for testing purposes only?	UNKNOWN			
CDEL PROGRAM & CLIENT				
CDEL Program				
Please select the client's applicable CDEL Program:	UNKNOWN			
Client				
Client's first and middle names	UNKNOWN			
Client's last name (surname)	UNKNOWN			
CDEL LIMITED CLIENT AGREEMENT				
CDEL Limited Client Agreement Acce	ptance			
Has the client given verbal agreement to CDEL's Limited Client Agreement?	UNKNOWN			
CDEL Electronic Signature				
: Would you like this system to add your /s/ electronic signature to the Limited Client Agreement? (/s/)	UNKNOWN			
OTHER COUNSEL				
Other Counsel				
Has the client spoken to any other attorneys about this matter?	UNKNOWN			
Did the client retain another attorney?	UNKNOWN			
Name and address of attorney / other notes: DEMOGRAPHICS INFORMATION	UNKNOWN			
Demographics and Veteran Informatio				
Do you need to collect client's income and demographic data for CDEL?	UNKNOWN			



& Elder Law		
Is the client a veteran or the spouse of a	UNKNOWN	
veteran (of the United States military)?		
Client is the:	UNKNOWN	
DEMOGRAPHICS DETAILS	DEMOGRAPHICS DETAILS	
Demographics		
Date of birth:	UNKNOWN	
Gender:	UNKNOWN	
Are you a U.S. citizen?	UNKNOWN	
Race/ethnicity:	UNKNOWN	
Do you live with a disability?	UNKNOWN	
Nature of disability:	UNKNOWN	
VETERAN QUESTIONS		
Veteran Questions		
Veteran's last four digits of Social Security	UNKNOWN	
Number:		
Language spoken at home:	UNKNOWN	
Education, highest level attained:	UNKNOWN	
Employment status:	UNKNOWN	
Housing:	UNKNOWN	
Military Branch	UNKNOWN	
Veteran's Rank (highest attained)	UNKNOWN	
Military service entry year	UNKNOWN	
Military service exit year	UNKNOWN	
Number of Foreign Deployments	UNKNOWN	
Current military service status	UNKNOWN	
Discharge status	UNKNOWN	
CLIENT'S ADDRESS		
Client's Address		
Street address:	UNKNOWN	
City:	UNKNOWN	
State:	UNKNOWN	
Zip code:	UNKNOWN	
County:	UNKNOWN	
MARITAL STATUS		
Marital Status		
Marital status:	UNKNOWN	
Spouse's full name:	UNKNOWN	
Are you disinheriting your spouse?	UNKNOWN	
Former spouse's full name:	UNKNOWN	
Year of divorce:	UNKNOWN	
Year of death:	UNKNOWN	
CHILDREN		



Children	
Do you have children (by birth or adoption)	UNKNOWN
that you want to provide for? Are any of your children under age 18	
(minors)?	UNKNOWN
Do you want to provide for future children?	UNKNOWN
Do you have step-children (who you have	UNKNOWN
not adopted) that you wish to treat the same	
as your children for purposes of sharing in	
your estate?	
Children Details	
How many children do you have (by birth	UNKNOWN
or adoption)?	
Are you disinheriting any child?	UNKNOWN
Are you disinheriting all your natural born	UNKNOWN
/adopted children?	
How many step-children do you wish to	UNKNOWN
provide for in your will?	
HOUSEHOLD	
Household	
Number of adults in household (including	UNKNOWN
yourself):	
Number of minors (persons under 18) in	UNKNOWN
household:	
HOUSEHOLD MEMBERS	
Household Members - You	
Your name	UNKNOWN
Age:	UNKNOWN
Total monthly income:	UNKNOWN
Source(s) of income:	UNKNOWN
GUARDIANSHIP FOR MINOR CHILDREN	
Will: Guardianship for Minor Children	
Do you wish to include a guardian section	UNKNOWN
in the will?	
Do you wish to nominate a sole guardian	UNKNOWN
(and successor guardian) or co-guardians?	
First Guardian	
First choice of Guardian - Full name:	UNKNOWN
Address:	UNKNOWN
Phone number:	UNKNOWN
Second Guardian	
Second choice of Guardian - Full name:	UNKNOWN



UNKNOWN	
UNKNOWN	
UNKNOWN	
UNKNOWN	
UNKNOWN	
UNKNOWN	
UNKNOWN	
TODI BENEFICIARIES SETUP	
TODI Residential Property Beneficiaries	
UNKNOWN	
property should be listed on the TODI? Multiple Beneficiaries	
UNKNOWN	



TODI SUCCESSOR BENEFICIARIES	
TODI Successor Beneficiaries	
Would you like to specify who the property	UNKNOWN
should transfer to if the named you?	UNKNOWN
 Droft the system succession longuage here	UNKNOWN
Draft the custom succession language here, including all necessary punctuation:	UNKINOWIN
Named Successor Beneficiary	
TODI successor beneficiary's full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please enter City, State):	UNKNOWN
ADDITIONAL ASSETS	
Additional Assets	
Do you have a safe deposit box?	UNKNOWN
Is there an additional signatory?	UNKNOWN
Name of the safe deposit box additional	UNKNOWN
signatory:	
Name of bank and address where the safe	UNKNOWN
deposit box is located, and any other notes:	
Do you have life insurance?	UNKNOWN
For each policy, enter the name of the life	UNKNOWN
insurance company, value of policy, names	
of beneficiaries:	
Do you have a retirement account?	UNKNOWN
Enter the name of the holder of account,	UNKNOWN
value of account, and names of beneficiaries:	
Do you own a vehicle(s)?	UNKNOWN
For each vehicle, please enter the make and	UNKNOWN
model, value, and name(s) on title:	
Do you own stocks?	UNKNOWN
Stocks value (approximate current value):	UNKNOWN
Do you own bonds?	UNKNOWN
Bonds value:	UNKNOWN
Do you have a bank account(s)?	UNKNOWN
For each account, please list:	UNKNOWN
Name of bank tune of account (a a	
Name of bank, type of account (e.g., savings or checking), last 4 digits of the	
account number (x5555), value of account,	
and if it is a joint account or "pay on death	
account":	
Do you have any other property not yet	UNKNOWN
mentioned?	
Please list additional property:	UNKNOWN



& Elder Law	
SPECIFIC GIFTS	
Distribution of the Estate - Specific Gif	`ts
Do you wish to leave any certain assets or items of personal property (e.g., savings account, vehicle, cash gift, jewelry, or other asset) to a specific person or a charity?	UNKNOWN
RESIDUAL ESTATE	
Residual Estate	
How many beneficiaries of the residuary estate would you like to name?	UNKNOWN
RESIDUAL ESTATE SUCCESSOR BENEFIC	IARIES
Residual Estate Successor Beneficiaries	
Would you like to specify who the residual estate should pass to if the named you?	UNKNOWN
····	UNKNOWN UNKNOWN
Successor beneficiary name: Relationship:	UNKNOWN
Address (at least City, State):	UNKNOWN
Draft the custom succession language here, including all necessary punctuation:	UNKNOWN
LIABILITIES OF THE ESTATE	
Liabilities of the Estate	
Please list all liabilities (including all debts, unpaid mortgages, or other loans):	UNKNOWN
EXECUTORS	
Executor of the Estate	
First choice - Full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please enter City, State):	UNKNOWN
Alternative Executor	
Do you wish to name an alternative	UNKNOWN
(successor) executor at this time?	
Alternative executor's full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please enter City, State):	UNKNOWN
HEALTH CARE POWER OF ATTORNEY	
Health Care Power of Attorney	
Do you already have a current Power of Attorney for Health Care?	UNKNOWN



& Elder Law	
Would you like CDEL to assist you in	UNKNOWN
drafting a Power of Attorney for Health Care now?	
Health Care Power of Attorney: Health	
Agent's full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please at least include City, State):	UNKNOWN
Phone number:	UNKNOWN
Successor Health Care Agent #1	
Are you naming a successor health care	UNKNOWN
agent (to act if the agent selected above is	
unable or does not want to make health care	
decisions for you)?	
Successor Health Care Agent's full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please at least include City, State):	UNKNOWN
Phone number:	UNKNOWN
Successor Health Care Agent #2	
Are you naming a second successor health	UNKNOWN
care agent (to act if the agents selected	
above are unable or do not want to make	
health care decisions for you)?	
Successor Health Care Agent #2's full	UNKNOWN
name:	
Relationship:	UNKNOWN
Address (please at least include City, State):	UNKNOWN
Phone number:	UNKNOWN
HEALTH POA - HEALTH DECISIONS	
Health Care Power of Attorney - Healt	h Care Decisions
If you need a court appointed guardian, do	UNKNOWN
you want the Health Agent you've named to	
act as your guardian?	
There are 3 choices for when the health care	UNKNOWN
power of attorney becomes active. Which	
is your preference:	
Please select which statement is more in	UNKNOWN
line with your wishes when it comes to end	
of life care:	
Are there any limits you want to place on	UNKNOWN
your health care agent (for example, certain	
procedures like autopsy, organ donation,	
burial)?	
LIVING WILL DECLARATION	
Living Will Declaration	

Center for Disability & Elder Law

& Elder Law	
Have you reviewed and understand the Living Will Declaration?	UNKNOWN
BURIAL ARRANGEMENTS	
Burial Arrangements	
Please select your burial/cremation preference:	UNKNOWN
If you have prepaid burial or cremation arrangements or specific wishes, please provide the details here (including plans and name of organization):	UNKNOWN
PROPERTY POWER OF ATTORNEY NOTIO	CE
Property Power of Attorney	
Do you already have a current Power of Attorney for Property?	UNKNOWN
Would you like CDEL to assist you in drafting a Power of Attorney for Property today?	UNKNOWN
Property Power of Attorney Notice	
Have you (the client) reviewed and understand the "Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property"?	UNKNOWN
PROPERTY POA - AGENTS	
Property Power of Attorney: Property	Agent - First Choice
Agent's full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please at least include City, State):	UNKNOWN
Phone number:	UNKNOWN
Property Agent - Successor Agent #1	
Do you wish to name a successor property agent (to act if the agent selected above is unable or does not want to make property decisions for you)?	UNKNOWN
Successor Property Agent's full name:	UNKNOWN
Relationship:	UNKNOWN
Address (please at least include City, State):	UNKNOWN
Phone number:	UNKNOWN
Property Agent - Successor Agent #2	
Do you wish to name a second successor property agent (to act if the agents selected above are unable or do not want to make property decisions for you)?	UNKNOWN
Successor Property Agent #2's full name:	UNKNOWN



& Elder Law	
Relationship:	UNKNOWN
Address (please at least include City, State):	UNKNOWN
Phone number:	UNKNOWN
PROPERTY POA - AGENT POWERS	
Property Power of Attorney - Agent's I	Powers
Default Powers: The below is a list of	UNKNOWN
default powers granted to Property Agents.	
If you do not wish to grant all these powers,	
you may select to STRIKE (not grant) them	
here, otherwise they will be included:	
Power Limits: Does the client want to place	UNKNOWN
any limits on the property agent's powers?	
Describe the limits:	UNKNOWN
Extra Powers: Note, while the default	UNKNOWN
Property Power of Attorney is very broad,	
there are a few powers that are not included	
by default. These include the ability to	
make gifts and change beneficiaries on	
accounts like life insurance policies or bank accounts.	
accounts.	
Here you can also allow your agent to	
access your digital assets like social media	
and other online accounts.	
Would you like to add any of these powers?	
Select the extra powers you would like to	UNKNOWN
grant your property agent:	
PROPERTY POA - OPTIONS	
Property Power of Attorney Options	
Ability to delegate powers: Do you want	UNKNOWN
your agent to have the ability to delegate the	
power you give to the agent to another	
person?	
Delegate's full name:	UNKNOWN
Agent Compensation: Your agent will	UNKNOWN
always be able to be reimbursed for any	
expenses incurred when acting for you. Do	
you want your agent to be able to take	
compensation for the time the agent spends	
acting for you?	
Compensation: Not to exceed (amount)	UNKNOWN
per (time period):	UNKNOWN
Property Power of Attorney shall become effective:	UNKNOWN
	UNKNOWN
Property Power of Attorney shall terminate:	UNKNOWN



IMPORTANT BENEFITS INFORMATION	
Important Benefits Information	
Do any intended beneficiaries named in the will or on the TODI receive SSI, Medicaid or LINK (food stamps) benefits?	UNKNOWN
Please select the beneficiary name(s) who receive SSI, Medicaid or LINK (food stamps):	UNKNOWN
NOTESFOR CDEL	
Notes for CDEL Files	
Preparer: Please enter any other notes relevant for CDEL's files	UNKNOWN
Questionnaire Feedback	
Help us improve this questionnaire! Please provide any feedback you would like to share, including whether there were areas that you found confusing or areas that would benefit from additional guidance.	UNKNOWN
FINAL PAGE	
Final Page	
Save & Close	