

NOMINATED GUARDIAN QUESTIONNAIRE

Thank you for your interest in nominating a guardian and conservator for yourself, should you ever lose mental capacity. Whitman-Walker will attempt to connect you with a private attorney experienced in serving as a guardian and conservator of incapacitated adults. If you and the attorney decide you are a good match for each other, you may nominate that attorney in a “limited durable power of attorney” to serve as your guardian/conservator, should you lose mental capacity.

The purpose of this Questionnaire is to provide the attorney with as much information about you and your life as possible so that the attorney could effectively secure your best interests, if you were no longer able to do so yourself. Please answer all questions fully, and feel free to supplement your answers with additional information and documents.

The information you provide will be kept strictly confidential by Whitman-Walker Legal Services and your nominated attorney. Your nominated guardian will only reveal information you provide here if you either give permission first, or, if the attorney is already serving as your guardian/conservator and finds that it is in your best interest to reveal the information to a third party. **You should provide an update to this Questionnaire to your nominated guardian annually.**

Personal History:

(Please provide complete information; if the person is deceased, please indicate so)

Mother:

_____	_____
Name	Date of Birth (if known)

_____	_____
Address	Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ☐ Yes ☐ No

Any other pertinent information: _____

Father:

_____	_____
Name	Date of Birth (if known)

_____	_____
Address	Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ☐ Yes ☐ No

Any other pertinent information: _____

If you have living step parents, list them below (name, address):

Spouse/Registered Domestic Partner: _____
Date of Birth (if known)

Address

Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

Note: Even if you have been separated from a spouse or registered domestic partner for some time, and no longer have anything contact with that person, please give that person's full name, date of birth, and last known address and phone number.

Brothers and Sisters (including half siblings; siblings adopted by a parent of yours by court order)

1. _____
Name Date of Birth (if known)

Address

Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

2. _____
Name Date of Birth (if known)

Address

Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

3. _____
Name Date of Birth (if known)

Address

Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

4. _____
Name Date of Birth (if known)

Address Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

5. _____
Name Date of Birth (if known)

Address Phone(s)

Your Children (including biological children and children adopted by a court order)

1. _____
Name Date of Birth (if known)

Address Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

2. _____
Name Date of Birth (if known)

Address Phone(s)

If you lose mental capacity, do you want this person to be able to visit you? ____ Yes ____ No

Any other pertinent information: _____

3. _____
Name Date of Birth (if known)

Address Phone(s)

Any other pertinent information: _____

[illegible]

Any other pertinent information: _____

Address	Phone(s)
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- living nieces and nephews; if none, then:
- living uncles and aunts; if none, then:
- living first cousins; if none, then:
- any other relative

[illegible]

List other key individuals in your life (friends, religious leader, professional) whom you would like to be in contact with you if you became incapacitated:

1. _____
Name

Address Phone(s)

Relationship and other pertinent information: _____

2. _____
Name

Address Phone(s)

Relationship and other pertinent information: _____

3. _____
Name

Address Phone(s)

Relationship and other pertinent information: _____

4. _____
Name

Address Phone(s)

Relationship and other pertinent information: _____

5. _____
Name

Address Phone(s)

Relationship and other pertinent information: _____

Health

Please describe your current physical health, including all chronic health problems you may have:

Please describe your current mental health, including any mental health problems you may have now or had in the past (e.g., depression, bipolar disorder, anxiety, etc.):

Has any member of your family ever suffered from dementia or Alzheimer's Disease? Please list each family member, the relation to you, and briefly the nature and course of the condition.

List all current healthcare providers (including mental health care providers):

Name	Specialty	Address	Phone
	Primary Care		

Whom would you want your guardian to contact to let know you were gravely ill or had passed away (Name/Relation/Address/Phone number)? Attach a separate list, if you prefer.

Activities

Please describe what you like to do for fun or relaxation (e.g., hobbies; sports; activities; favorite entertainment; favorite type of books, movies, music, art, artists, food):

Groups

If you belong to any groups or organizations, please list them, with contact names, addresses, phone numbers (e.g., church; synagogue; other religious organization; religious leader; political organization; sports organization; etc.):

Property and Finances

List all real estate you own, including your own home (if you are a part owner, give the name and contact information of the other owners):

Address	Ownership Interest/Other Owners

If you rent any property, please list it below, with the name and contact information of the landlord and/or property manager:

Address	Landlord / Manager Address	Phone

Please List all cash assets: bank accounts; retirement accounts (401(k); (403(b); KEOGH; Thrift Savings Plan; IRA); Certificates of Deposit (CD's); stocks; bonds; any other cash assets.

Type of Asset	Account Number	Name and Address of the Institution	Phone

Vehicles: Please list all vehicles you own or lease (e.g., car; truck; boat; other vehicle)

Year/Make/Model	License or ID Number	Where it is located; name and phone number of any bank or other entity that has an interest in the vehicle

Life Insurance:

Company(name, address)	Policy Number	Death Benefit/ Cash Benefit While Living	Beneficiary

List any tangible personal property of significant value and where it is located—for example, art objects in your house; a valuable coin collection in a safe deposit box—give bank and box number):

List any pets you have, and to whom you would like them to go if you could no longer care for them (individual's full name, address, phone number):

Income

Type (e.g., SSDI)	Source (e.g., SSA)	If you have direct deposit, give name and address of the institution where deposited	Amount

If the source of income is a private institution (e.g., “Lincoln Life Annuity”), give the full name, address, and contact phone.

Creditors

List all institutions and individuals to whom you owe money on an ongoing basis (e.g., mortgage company; credit card company; car loan company; etc.):

[illegible]

Type of Creditor	Account Number	Name and Address of the Institution	Phone

Utilities (gas; electric, water, cable, cell phone, etc.)

Type of Utility	Account Number	Name and Address of the Institution	Phone

Is there any asset you reasonably expect to receive in the future? (Example: “When my mother dies I expect to inherit her house at 123 Maple Street, Freedonia, Maryland, and expect to be the beneficiary of her life insurance policy with Lincoln Life.”)

Any special wishes you may have for your care if you were to become incapacitated (e.g., “I would like to live in my home for as long as practicable.”):

Any special wishes you may have regarding the disposition of your bodily remains? (E.g., cremation; burial.) Who do you want to be in charge?