

ATG Resources, Inc. Tel: 908-256-9423  
General guidelines to assist you for attorney preparation of estate docs

POWER OF ATTORNEY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

I. Name, address and phone # of agent.

\_\_\_\_\_

II. Name, address and phone # of backup agent if person in I. above is not available.

\_\_\_\_\_

III. Is agent authorized to do something limited ☐ or unlimited ☐ ?  
If limited, please state limits.

\_\_\_\_\_

IV. If you own real estate AND wish the agent to have the power to transfer or sell it, please list complete address, lot and block tax map numbers if known.

\_\_\_\_\_

V. Will the agent's power be effective immediately and stay in effect if you become disabled or disappear OR will the agent's power become effective only upon a disability or disappearance?

\_\_\_\_\_

VI. On what date do you want the agent to begin having this power?

\_\_\_\_\_