

**KELLEY & JOHNSON, LLC**

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**LIVING DOCUMENTS WORKSHEET**  
**(ONLY VALID WHILE YOU ARE ALIVE)**

Please check and fill out each of the following you would like for us to prepare for you:

**I. FINANCIAL POWER OF ATTORNEY**

Gives authority to the person(s) of your choosing to conduct your business or financial affairs, such as signing checks, selling real estate, paying bills, borrowing money, etc. You can limit this if you let us know the limitations.

For beginning date purposes, there are two types: (Check one)

- \_\_\_\_\_ A. Effective immediately.  
Agent: \_\_\_\_\_  
Address: \_\_\_\_\_
- \_\_\_\_\_ B. Effective only if and when you become incompetent  
Agent: \_\_\_\_\_  
Address: \_\_\_\_\_

**II. ADVANCE DIRECTIVE FOR HEALTH CARE**

This document allows you to:

- (1) Name a health care agent to make health care decisions for you if you are not able to do so;
- (2) State your treatment preferences if you have a terminal condition or if you are in a state of permanent unconsciousness; and
- (3) Nominate a person to be your guardian should one ever be needed.

Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
1<sup>st</sup> Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
2<sup>nd</sup> Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip Code