

James R. Clifford, Sr. (MD, VA, PA)  
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*SINGLE PERSON: PERSONAL REPRESENTATIVE AND POWER OF ATTORNEY DESIGNATIONS*

Clients' Full Names: \_\_\_\_\_  
*Husband* *Wife*

Personal Representative/Executor: \_\_\_\_\_

Alternate: \_\_\_\_\_

Guardian of the Person of Your Children: \_\_\_\_\_

Alternate: \_\_\_\_\_

General Durable Power of Attorney: \_\_\_\_\_

Alternate: \_\_\_\_\_

Medical Power of Attorney: \_\_\_\_\_

Alternate: \_\_\_\_\_

Guardian/Trustee of Assets for Your Children: \_\_\_\_\_

Alternate: \_\_\_\_\_

Burial: Yes No

Cremation: Yes No

Organ Donor: Yes No

Specific Requests: \_\_\_\_\_

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