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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: _____
