

**FOR OFFICE USE ONLY:**

WALK-IN TIME \_\_\_\_\_ TIME FORM TURNED IN \_\_\_\_\_ TIME DOCS NOTARIZED \_\_\_\_\_ ID CARD SCREEN \_\_\_\_\_  
INTAKE CLERK \_\_\_\_\_ CMTIS \_\_\_\_\_ SPOA \_\_\_\_\_ AFFIDAVIT \_\_\_\_\_



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Shelby Cnty Judge of Probate, AL  
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**POWER OF ATTORNEY WORKSHEET**

**FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE.** Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DOD ID NUMBER PRINCIPAL PURPOSE(S):** Obtain personal information to prepare legal document(s). **ROUTINE USE (S):** Information provided will be used by legal assistance personnel (attorneys, legalmen, paralegals, and clerical staff) to prepare power(s) of attorney requested by the individual providing the information.

**MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE:** Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for services by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, MI): Young, Nathan, E.		DoD ID Number (if known): 1500495614	
Gender: (circle) <input checked="" type="radio"/> M <input type="radio"/> F	Date of Birth: DD <u>10</u> MMM <u>FEB</u> YYYY <u>1989</u>	Branch of Service: (circle) <input checked="" type="radio"/> USN <input type="radio"/> USMC <input type="radio"/> USAF <input type="radio"/> USCG <input type="radio"/> USA <input type="radio"/> DoD	
Rank/Rate: E-5/FC	Eligibility: Office Staff: Reference JAGMAN §0706 for details on Legal Assistance eligibility and consult with your supervisor on eligibility questions.		
Home/Cell Phone: [REDACTED]	Active Duty		
Work Phone: [REDACTED]	Retiree		
Email: escalad89@yahoo.com	Reservist (inactive/drilling)		
Command: USS Dewey DDG 105	20/20/20 Spouse		
Your Current Home or Mailing Address: 3705 Norman Scott Rd. Box AS272 San Diego, CA 92136	DOD Civilian		
	Dependent of Active Duty Member		
	Dependent of Retiree		
	Dependent of DOD Civilian (Overseas Only)		
	DOD Contractor (Overseas Only)		

**\*\*\*\*\*READ AND SIGN THE "UNDERSTANDING YOUR POA" FORM ON PAGE 4.\*\*\*\*\***

**Please prepare the following legal document(s) for me using the information provided below.**

**GENERAL FINANCIAL POWER OF ATTORNEY:** BE ADVISED: "General" powers of attorney that have historically been issued are often rejected by third parties for many transactions. Therefore, we now offer a General Financial Power of Attorney to be used for basic banking practices (such as paying bills) as well as filing taxes and other routine financial matters.

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

**SPECIAL POWER(S) OF ATTORNEY (SPOA):** Choose one or more of the SPOAs listed on pages 2 & 3. Please include the name and contact information for the person receiving the SPOA (your "Agent") for each SPOA chosen. (You may write "SAME" on subsequent name, phone and address lines if granting all SPOAs to the same person)

**Select ONLY those powers which are applicable to your situation and necessary to conduct your affairs while you are away.**

**REVOCATION (CANCELLATION) OF POWER OF ATTORNEY:** Please provide the information below.

Name of Person who was granted Power of Attorney: \_\_\_\_\_

Type of Power of Attorney granted:  Special  General

Date Power of Attorney was granted: \_\_\_\_\_ Type of Special Power of Attorney granted (if applicable): \_\_\_\_\_

Account number associated with Power of Attorney (if applicable): \_\_\_\_\_

# SPECIAL POWER OF ATTORNEY (SPOA) REQUEST FORM

Please choose from options 1 through 12 below to select the power(s) of attorney which are necessary to conduct your affairs while you are away.

## 1. AUTOMOBILE (See Household Goods (#5) for shipping and Personal Property (#9) for all other Auto matters)

### 2. BANKING

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

Please choose the banking power(s) you wish to grant your agent:

- Deposit  Withdrawal (Limited to: \$ \_\_\_\_\_)  Withdrawal (No Limit)  Withdraw and Deposit (Withdrawal Limits? If so, amount: \$ \_\_\_\_\_)  
 Endorse Checks  Obtain Loan (for no more than): \$ \_\_\_\_\_  Obtain Credit Card  Access Safe Deposit Box

Bank Name: \_\_\_\_\_ Limits on? # of checks written: \_\_\_\_\_ Purpose: \_\_\_\_\_

Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

### 3. CHILDREN CHILD CARE (IN LOCO PARENTIS (specific dates of child care known)) AND/OR FAMILY CARE PLAN (for a future date when deployed or incapacitated)

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

Please choose the power(s) you wish to grant your agent (person you are giving permission) with respect to your children:

- Medical Appointments  Emergency Medical Care  Dental  Vision  Mental Health Appointments  Enroll in Recreation Activities  
 Enroll in School  Access to School Records  Access to Medical Records  Provide Food/Shelter  Evacuation  
 Consent to for Minors to Travel w/in U.S.A.  Consent to for Minors to Travel Outside U.S.A. (Provide travel destination and passport info for children and agent below)

Dates of Care: \_\_\_\_\_ Modes of Travel (Car, Plane, etc.): \_\_\_\_\_

Names(s) of Children (use lines at bottom for more children)	Date of Birth	Passport # & Exp. Date (International Travel Only)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Destination (Consent to travel only to the following location(s)): \_\_\_\_\_ If applicable: Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_

Agent Passport Number/Expiration Date: \_\_\_\_\_ Travel Dates (Consent to travel on these dates only): \_\_\_\_\_

### 4. DEERS/MILITARY AND DEPENDENT ID CARDS/PERSONNEL SUPPORT DETACHMENT MATTERS

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

\*NOTE: This particular POA will allow your agent to obtain an ID Card for you, enroll in DEERS, and generally deal with PSD on your behalf. If not included in the SPOA, PSD requires DDForm 1172 for enrollment in DEERS when sponsor isn't present.

- Expand POA to include dealings with a Public Private Venture (e.g. on-base non-military housing)

### 5. HOUSEHOLD GOODS (HHG) INCLUDES AUTO SHIPMENT

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

Please choose the power(s) you wish to grant to your agent with respect to household goods:

- Ship HHG  Ship Property Only  Receive HHG  Ship Auto  Receive Auto  Claim Damages  Execute and Deposit Claim Monies

Household Goods/Vehicle Pickup Location \_\_\_\_\_ Address of Household Goods/Vehicle Drop-off (if known) \_\_\_\_\_

Provide applicable auto info: Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Registration State: \_\_\_\_\_ Insurance Co/Policy#: \_\_\_\_\_

Claim \$ should be deposited to: Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Location (City/State) \_\_\_\_\_



6.  **INSURANCE**

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

Item(s) to be Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

7.  **MAIL**

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

8.  **MILITARY HOUSING**

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

*Please choose the power(s) you wish to grant to your agent with respect to military housing:*

Accept Quarters  Vacate Quarters Location to Accept Quarters: \_\_\_\_\_ Location to Vacate Quarters: \_\_\_\_\_

9.  **PERSONAL PROPERTY (INCLUDES AUTOMOBILE)**

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

*Please choose the powers with respect to personal property that you give to your agent:*

Use/Maintain Auto  Register Auto in State of: \_\_\_\_\_  Purchase Auto (for no more than): \_\_\_\_\_  Sell Auto (for no less than): \_\_\_\_\_

Provide applicable auto info: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

VIN#: \_\_\_\_\_ Registration State: \_\_\_\_\_ Insurance Co/Policy#: \_\_\_\_\_

Use/Maintain Personal Property  Purchase Personal Property (for no more than: \$ \_\_\_\_\_ )  Sell Personal Property (for no less than: \$ \_\_\_\_\_

Make Claim for Damage/Loss  Mail (Rec/Fwd) Describe Personal Property to be Purchased or Sold: \_\_\_\_\_

10.  **PET CARE**

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

Pet Information: Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Max \$ Amount for Vet: \_\_\_\_\_ Vet Name: \_\_\_\_\_

Vet Address \_\_\_\_\_ Vet Phone # \_\_\_\_\_ Emergency Vet Clinic Allowed (Y/N)? (if Emergency Vet differs from Regular Vet have, contact info) \_\_\_\_\_

11.  **REAL ESTATE (\*\*NOTE: CUSTOMER MUST REVIEW SPOA REAL ESTATE PRIMER BEFORE RECEIVING SPOA\*\*)**

Person receiving POA (Last, First, Middle): Young, Stephanie, E. P.

Address: 1500 Highway 46 Shelby, AL 36153 Desired expiration date for POA (Limited to one year): 01AUG19

Type of Property:  House/Condo/or other Structure  Land Only

*Please choose the power(s) you wish to grant to your agent with respect to real estate.*

Buy (for not more than): \_\_\_\_\_ Purchase County: \_\_\_\_\_  Sell (for no less than): \$20,000  Manage/Lease (\$ \_\_\_\_\_ /month for \_\_\_\_\_ months) /Settle Claims

**NOTE: If you are choosing one of the powers listed in this box, you MUST see an attorney before executing your POA**  
 Refinance  Loan Modification  Bankruptcy  Short Sale  Deed-in-Lieu of Foreclosure

Address of Real Estate: 671 County Rd. 308 Shelby, AL 35143

If applicable: Max Interest Rate for Loan: \_\_\_\_\_ Fixed or Variable Interest Rate: \_\_\_\_\_ Type of Loan (VA, FHA, etc.): \_\_\_\_\_ Loan #: \_\_\_\_\_

12.  **CUSTOM POA** (Provide description of a required POA not listed above): \_\_\_\_\_

Person receiving POA (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ Desired expiration date for POA (Limited to one year): \_\_\_\_\_

Your Signature [Signature] Date: 5 OCT 18



Shelby Cnty Judge of Probate, AL  
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# UNDERSTANDING YOUR POWER OF ATTORNEY

A **Power of Attorney (POA)** is a document which allows you to give another person the authority to perform acts on your behalf. That person is called your "agent". You are legally bound by any acts of this agent if those acts are authorized in the Power of Attorney, so you must exercise caution to make sure that your agent is someone you trust.

A **General Power of Attorney (GPOA)**, while sometimes helpful, can also be dangerous. A GPOA gives someone else the legal authority to do almost **anything** that you could do, and the potential for abuse by one's agent is very high. For example, with a GPOA, your agent can possibly sell your car, borrow money that you must repay, rent or purchase property in your name and with your money, or remove ALL funds from your bank account.

A **Special Power of Attorney (SPOA)**, is more limited and gives someone else the legal authority to perform specific tasks on your behalf, such as registering your car or selling specifically listed property.

## **\*\*IMPORTANT CONSIDERATIONS BEFORE GRANTING SOMEONE A POA\*\***

- Always limit the power you give away to only that necessary to accomplish your needs. If you only need someone to perform specific tasks (e.g. enter into a lease agreement on your behalf), it is highly recommended that you get a **Special** Power of Attorney (SPOA) for only the specific tasks needed.
- Powers of Attorney drafted by Navy legal assistance offices are limited in duration to no longer than one year and should only be drafted for the amount of time needed.

## **\*\*IMPORTANT INFORMATION ABOUT YOUR POA\*\***

- No individual or business/organization is ever legally required to accept a Power of Attorney (even a military Power of Attorney), regardless of the legality or validity of the Power of Attorney.
- In some cases, certain businesses (banks and other financial institutions) will only accept a Special Power of Attorney to fulfill specific standards and requirements. Many institutions have their own Power of Attorney form, so it is crucial that you make sure in advance that your POA meets the specific standards of the individuals and/or businesses with which your agent will do business.
- Your appointee or agent **MUST** have the **ORIGINAL** Power of Attorney; you should keep a copy for your records.

## **\*\*REVOCATION/CANCELLATION OF YOUR POA\*\***

- If you want to revoke, cancel, or terminate a Power of Attorney before it expires, you must sign and notarize a **Revocation of Power of Attorney** and provide a copy to any person you believe has dealt with or will possibly deal with your agent. Because it is difficult, if not impossible, to provide a copy of the revocation to every possible third party who has relied upon or might rely upon the previously granted POA, the difficulty of revocation is one of the inherent dangers in granting a POA.
- In addition to providing a copy of the revocation to all foreseeable parties with whom your agent has dealt, the following steps are also recommended for your protection:
  - Sending a true copy of the revocation to the original agent and using a delivery method that provides a receipt showing proof that the agent received your revocation (e.g. certified mail with return receipt requested).
  - Recording a revocation in the counties in which the POA was executed, in which your agent resides, and in which the POA may be used;
  - Publishing notice in the newspapers in the same counties as above where you have revoked your POA.

I acknowledge that I have read the above information. Please prepare the requested legal document(s) for me using the information provided on the Power of Attorney request form.

YOUNG, NATHAN, E

Customer's printed name

  
Customer's signature

5 OCT 18

Today's date



20190913000337980 4/4 \$31.00  
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