



DATE POA WORKSHEET WAS HANDED IN: \_\_\_\_\_  
SPECIAL NOTES: \_\_\_\_\_

# POWER OF ATTORNEY WORKSHEET

MICHIGAN AIR NATIONAL GUARD  
BATTLE CREEK, MI 110 FW/JA

THE FOLLOWING INFORMATION IS NECESSARY IN ORDER TO PREPARE YOUR POWER OF ATTORNEY. IT IS IMPORTANT THAT YOU PRINT CLEARLY BECAUSE THE INFORMATION YOU PROVIDE WILL BE INCORPORATED DIRECTLY INTO THE FINAL DOCUMENT. ADDITIONALLY, INFORMATION PROVIDED IS PRIVILEGED. HOWEVER, IF INFORMATION IS NOT PROVIDED, INDIVIDUAL WILL NOT BE ABLE TO OBTAIN LEGAL DOCUMENTS FROM THE 110 FW/JA OFFICE.

**NAME** (First, Middle, Last): \_\_\_\_\_

Rank: \_\_\_\_\_ Duty Number: \_\_\_\_\_ Unit/Org: \_\_\_\_\_

## **RESIDENCE:**

State of Legal Residence: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Base Extension: \_\_\_\_\_

## **TYPE OF POWER OF ATTORNEY:** (CHECK THE ONE(S) YOU NEED)

GENERAL (Allows the agent to do everything the principal can do)

SPECIAL (Limits the acts of your agent) (CHECK THE ONE(S) YOU NEED)

Sell/Register/Use of Car: Year/Make/Model/VIN \_\_\_\_\_.

Sale/Purchase/Lease of Real Estate: Legal and common description of property. \_\_\_\_\_  
\_\_\_\_\_.

Banking Transactions: \_\_\_\_\_  
\_\_\_\_\_.

Medical Care for a child

Custodial Care for a Child

Other: \_\_\_\_\_.

DURABLE (Takes effect if you become incapacitated)

**EXPIRATION DATE:** \_\_\_\_\_

(Note: If no expiration date is given, a general power of attorney will expire 1 year from date of execution, and a special power of attorney will expire 6 months from date of execution in accordance with Michigan State Law.)

**CHILDREN:**

How many children do you have (including adopted & stepchildren)? \_\_\_\_\_

If for dependent care: (Check the one you need)  Primary Care Provider  Temporary Care Provider

<b>NAME (First, Middle, Last)</b>	<b>AGE</b>	<b>GENDER (M/F)</b>

**WHO ARE YOU GIVING THIS POWER OF ATTORNEY TO?**

**APPOINTEE/AGENT:** (Please provide the name, address and relationship of your first choice of agent.)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

Please provide the name, address, phone number, and relationship of your second choice of agent:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

If you want a second agent, do you want? (CHECK THE ONE(S) YOU NEED)

- Both agents to have the authority to act separately.
- To require both agents to act jointly unless one is incapacitated.
- The second agent to be as a successor, acting only if the first choice cannot.

**REGULAR HOURS OF OPERATON ARE  
BASED ON AVAILABILITY DURING UTA  
WEEKENDS**  
  
SATURDAY 0900-1600  
SUNDAY 0900-1600  
OR BY APPOINTMENT

**CONTACT INFORMATION:**  
  
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**110<sup>th</sup> LEGAL OFFICE STAFF:**  
  
Maj: Major Sean C. Maltbie, SJA  
1<sup>st</sup> Lt: David L. Hunter  
TSgt: Matt Kinnucan  
SSgt: David R. Whitfeld