

STATEMENT OF INCAPACITY

RE: _____ **DOB:** _____, **SSN:** _____

Re: Financial Durable Power of Attorney and Health Care Power of Attorney

STATEMENT OF PHYSICIAN RE: INCAPACITY

I hereby certify that I am the personal physician of _____. I am aware of the patient's current condition and I have personally examined this individual. I have determined that because of the individual's current physical and mental disabilities, he/she is incapacitated. Incapacity means the inability to receive and evaluate information effectively or to communicate decisions to such an extent that he/she lacks the capacity to manage his/her health and financial decisions for himself/herself. Therefore, I believe it is necessary that such agent as selected by him/her as his/her attorney-in-fact to act under any Durable Financial Powers of Attorney and under any Health Care Powers of Attorney now act in making decisions on his/her behalf.

Signed on _____ X _____

(Physician 1 - Print Name)

I have personally examined _____ and in my opinion he/she is incapacitated.

Signed on _____ X _____

(Physician 2 or Psychologist - Print Name)

CERTIFICATION OF AUTHORITY

I hereby certify that _____ previously executed a Durable General Financial Power of Attorney and a Health Care Power of Attorney wherein he/she nominated me to act as successor agent for financial and health care matters. I hereby consent to the appointment to serve as such power of attorney, and agent under such documents until such authority is revoked.

Signed on _____ X _____

(Agent - Print Name)

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