

Attorneys at Law  
LeeAnna Dowan, Esq.  
Brooke Talley, Esq.  
Jennifer D. Pruitt, Esq.



**DOWAN**  
LAW OFFICES

108 E. Dixie Avenue  
Elizabethtown, KY 42701  
Office: (270) 234-0760  
Fax: (270) 234-0786  
lawoffice@dowanlaw.com

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Power of Attorney Information Sheet  
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Full Name of Person Receiving POA \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Current and Usual Residence Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

Full Name of Person Giving POA \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Current and Usual Residence Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Cod