



Durable Power of Attorney Documents

What is a power of attorney document?

A power of attorney document lets you choose a trusted friend or relative to help you with your finances and/or health care decisions. After you sign it, the person you choose will take the power of attorney document to your medical providers, bank, school, and other places to make decisions and sign contracts just as if he or she were you.

The trusted friend or relative you choose to help you with your finances and/or health care decisions is called your “agent.”

Do I need to sign my document in front of a notary?

You should sign your Durable Power of Attorney document in front of a notary. If you cannot find a notary, you can sign it in front of two “disinterested” witnesses instead. However, notarization is preferred, especially for a Durable Power of Attorney for Finances.

What should I do after I sign it?

After you sign your documents, make two copies. Give the original document to your agent, give one copy to your alternate agent, and keep the second copy for yourself.

Can I change my Power of Attorney documents and choose a new agent?

You can revoke (cancel) your power of attorney document at any time with a written notice to your agent. A sample “Notice of Revocation” is included in this packet. You can also give a copy of this written notice to your medical providers, bank, school, and other places that might accept the old power of attorney document.

Get Legal Help

- **Apply online** - nwjustice.org/apply-online
- **Facing a legal issue in King County** (other than Eviction or Foreclosure)? Call 2-1-1 (or toll-free 1-877-211-9274) weekdays 8:00 am - 6:00 pm. They will refer you to a legal aid provider.

- **Facing a legal issue outside of King County** (other than Eviction or Foreclosure)? Call the CLEAR Hotline at 1-888-201-1014 weekdays between 9:15 am - 12:15 pm or apply online at nwjustice.org/apply-online.
- **Facing Eviction?** Call 1-855-657-8387.
- **Facing Foreclosure?** Call 1-800-606-4819.

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It is not intended as a substitute for specific legal advice.
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Durable Power of Attorney for Finances for

_____ [My Name]

1. **Agent.** I choose _____ as my Agent with full authority to manage my finances.
2. **Alternate.** If _____ is unable or unwilling to act, I choose _____ as my Agent with full authority to manage my finances.
3. **My Rights.** I keep the right to make financial decisions for myself as long as I am capable.
4. **Durable.** My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective: (check one)
 Immediately.
 Only if my medical provider signs a letter saying I cannot make decisions for myself.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, to sell, convey or encumber any real or personal property and to apply for and manage governmental benefits, including Medicaid.
9. **Special Powers.** My agent shall also have the following powers:
Create, change, or cancel a trust. _____ yes _____ no
Create, change or cancel a community property agreement. _____ yes _____ no

Create, change or cancel my rights of survivorship.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Create, change or cancel beneficiary designations.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Give gifts of my money or property.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Give authority granted in this document to someone else.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Give up my right to be the beneficiary of an annuity or retirement plan.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Tell a trustee to make distributions from a trust just as I could.	<input type="checkbox"/> yes	<input type="checkbox"/> no

- 10. Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.

- 11. Nomination of Guardian or Conservator.** I nominate my Agent as the conservator of my estate for consideration by the court if guardianship and/or conservatorship proceedings become necessary.

- 12. HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

My Signature

Date

Notarization

State of Washington
County of _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Signature of Notary
NOTARY PUBLIC for the State of Washington.
My commission expires _____.

Durable Power of Attorney for Health Care for

[My Name]

1. **Agent.** I choose _____ as my Agent with full authority to manage my health care.
2. **Alternate.** If _____ is unable or unwilling to act, I choose _____ as my Agent with full authority to manage my health care.
3. **My Rights.** I keep the right to make health care decisions for myself as long as I am capable.
4. **Durable.** My Agent can still use this power of attorney document to manage my affairs even if I become sick or injured and cannot make decisions for myself. This power of attorney shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective on the day I sign it.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any other power of attorney for health care documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including the power to make health care decisions and give informed consent to my health care, refuse and withdraw consent to my health care, employ and discharge my health care providers, apply for and consent to my admission to a medical, nursing, residential or other similar facility that is not a mental health treatment facility, serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and to visit me at any hospital or other medical facility where I reside or receive treatment.
9. **Government Benefits.** My Agent shall have full power and authority to arrange for and manage all government benefits on my behalf, including but not limited to signing and consenting to applications, contracts, ongoing eligibility review agreements, and care plans for federal and state cash, food, medical, housing, and long-term care benefits and services.
10. **Mental Health Treatment.** My Agent is not authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is not authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.

11. **Accounting.** My Agent shall keep accurate records of my financial affairs and show these records to me at my request.
12. **Nomination of Guardian or Conservator.** I nominate my Agent as the guardian of my person for consideration by the court if guardianship and/or conservatorship proceedings become necessary.
13. **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

My Signature

Date

Notarization

State of Washington
County of _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Signature of Notary
NOTARY PUBLIC for the State of Washington.
My commission expires _____.

Statement of Witnesses (alternative if you can't find a notary)

On _____, the declarer of this document signed it in my presence. I believe the declarer is able to make health care decisions, to understand this document, and to have signed it voluntarily.

- I am not related to the principal by blood, marriage, or state registered domestic partnership.
- I am not a home care provider for the principal nor do I provide care at an adult family home or long-term care facility in which the principal resides

Witness 1

Witness 2

Signature

Signature

Print Name

Print Name

Address

Address

Revocation of Durable Power of Attorney
for

Finances

Health Care

I, _____, hereby revoke the Durable Power of Attorney I gave to

_____.

My Signature

Date

Notarization

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

Date

Signature of Notary

NOTARY PUBLIC for the State of Washington.

My commission expires _____.

Glossary

- **Agent:** the trusted person you choose to help you with your finances or health care.
- **Beneficiary:** the person who gets money or property. For example, if you have life insurance and you die, the person who gets the insurance money is called a beneficiary. The person who gets money or property from a trust is also called a beneficiary.
- **Beneficiary Designation:** the part of a contract that says who should be the beneficiary. For example, the beneficiary designation in a life insurance policy is the part that says who will get the money after you die.
- **Conservator or Guardian:** a person appointed by a court to make decisions for another. A Conservator makes decisions about property and finances. A Guardian makes decisions about personal matters and health care.
- **Community Property Agreement:** a written agreement between a married couple or domestic partners that says when one dies, all of their property will automatically go to the other.
- **Durable:** “Durable” means your document still has legal power and agent can keep helping you even if you become sick or injured and cannot make decisions for yourself.
- **Disinterested Witness:** a person who is not a health care provider in your home or long-term care facility or related to you by blood, marriage or state registered domestic partnership.
- **Notary:** a person who is licensed by the State to witness signatures on documents.
- **Personal Property:** things like cash, stocks, jewelry, clothing, furniture or cars.
- **Real Property:** buildings and land.
- **Revoke:** to cancel.
- **Rights of survivorship:** a written agreement between people who own property together. The agreement says when one co-owner dies, the other co-owner(s) automatically gets the property.
- **Trust:** a written agreement where money and property is owned by a trust and managed by one person (a “trustee”) for the benefit of another person or people (a “beneficiary” or “beneficiaries”). Usually you need to hire a lawyer to set up a trust.