



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 documents in front of a notary?

You must sign your Durable Power of Attorney document in front of either a notary or two witnesses. The two witnesses cannot be a health care provider in your home or long-term care facility nor can they be related to you by blood, marriage or state registered domestic partnership.

It is a good idea to sign your Durable Power of Attorney for Finances in front of a notary because some banks and government agencies require these documents to be notarized.

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.

What if I need legal help?

If you live outside King County, call the CLEAR hotline Monday-Friday from 9:15 am to 12:15 pm at 1-888-201-1014. You can also apply online at <http://nwjustice.org/get-legal-help>.

If you live in King County, call 211 for information and referral to a legal services provider Monday-Friday from 8:00 am to 6:00 pm. You can find more information online at www.resourcehouse.com/win211/.

Deaf, hard of hearing or speech impaired callers can call CLEAR or 211 (or toll-free 1-877-211-9274) using the relay service of their choice.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice. This information is current as of August 2018.

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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, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)

- create, amend, revoke, or terminate a living trust
- make gifts of my money or property
- create or change my rights of survivorship
- create or change my beneficiary designation(s)
- delegate some authority granted in this document to someone else
- waive my right to be the beneficiary of an annuity or retirement plan
- create, amend, revoke, or terminate my community property agreement
- tell a trustee to make distributions from a trust just as I could

9. **No Power to Agree to Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

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

11. **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.

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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 (optional, but recommended)

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.

SUBSCRIBED and SWORN to before me on _____.

SIGNATURE OF NOTARY

PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires _____.

Witness 1

Witness 2

Signature

Signature

Name

Name

Address

Address