

Woñmaanlok Peba in Kakien Maron

ñan an Juon Armej Kōmadmōd

ikijen Jāān

Author

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Juon peba in kakien ej kōmman bwe kwōn maron kelet juon mōttam ak nukum eo kwōmaron kōjatkdik kake bwe en jibañ kwe kōmmāne kelet ko ikijen jāān im/ak taktō. (Peba im kōmelele ko)

Form attached:

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Taktō (NJP Planning 501 MH)

Form attached:

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Jāān (NJP Planning 500 MH)

Ta in juon peba in kakien maron?

Juon peba in kakien ej kōmman bwe kwōn maron kelet juon mōttam ak nukum eo kwōmaron kōjatkdik kake bwe en jibañ kwe kōmmāne kelet ko

ikijen jāān im/ak taktō. Ālikin am jaini, armej eo kwōj kelet bwe en wōr an maron in kenono ibben taktō ro am, pāān, jikuul, im jikin ko jet ñan kōmmāne kelet ko im jain koontoreak einwōt ñe er kwe.

Armej eo mōttam ak nukkom kwōmaron kōjatdikdik kake im kelet bwe en jibañ kwe kōmmāne kelet ko ikijen jāān im/ak taktō etannin armej eo ej “kōmadmōd” ñan kwe.

Kakien in maron ej “woñmaanlok” elañe ej ba armej eo ej kōmadmōd ñan kwe emaron kōjerbale jekdoon ñe kwōnaj nañinmej ak jorrāān im jab maron make kōmmāne kelet ko ñan kwe.

Ij ke aikuj jaini peba in kakien maron imaan juon rikamool eo enaj jitaame?

Kwōj aikuj jaini peba ko ej Woñmaanlok Peba in Kakien Maron imaan juon rikamool eo enaj jitaame. Ñe kwōjab maron loe juon rikamool eo ej jitaame peba eo, kwōmaron jaini imaan ruo armej ro “ejellok wūnin aer maron jibañ kwe”. Bōtab, emmonlok rikamool eo ej jitaame, elabtata ñen juon peba ej Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Jāān.

Ta eo ij aikuj kōmmāne ālikin aō jaini?

Ālikin am jaini peba ko, kōmmāne 2 kabe. Lelok peba eo jinoin ñan armej eo ej kōmadmōd ñan kwe, lelok juon kabe ñan armej eo juon enaj kōmadmōd ñan kwe, innem likūt juon kabe ibbam.

Imaron ke jañiji peba in kakien maron eo aō innem kelet bar juon armej eo ej kōmadmōd ñan kwe?

Aet. Kwōmaron kaanjel ae (kwōmaron kabōjrak) kakien in maron jabdewōt ien ibben juon kōjella ilo jeje ñan armej eo ej kōmadmōd ñan kwe.

Ālikin am kabōjrak peba in kakien maron eo am emoor, kwōmaron jaini peba in kakien maron eo ekāāl ñan kelet bar juon armej eo ej kōmadmōd. Ilo peba in kakien maron eo am ekāāl, loloorjak an ba ke aoleb peba in kakien maron ko moktalok emōj kabōjrak aer jerbal.

Ak ñe pāān eo ebañ bōk peba in kakien maron?

Jet ien juon pāān ak bar juon bejne j enaj ba lok ñan armej eo ej kōmadmōd ñan kwe rebañ bōk peba in kōmelim maron eo am. Ewōr 2 wāween ko ekkā mennin emaron walok:

1. **Peba eo Ejab Jitaam jen Rikamool.** Kakien eo an Washington ej ba ke ejejjjet kūtien peba in kakien maron ilo ien kwōj jaini imaan juon rikamool ej jitaame **ak** imaan ruo rikamool ro ejellok wūnin aer maron jibañ kwe. Bōtab jet pāān im bejne ko jet rej **aikuj** an jitaam jen rikamool. Kwōmaron jaini peba eo ekāāl imaan juon rikamool enaj jitaame. Bōtab armej eo ej kōmadmōd ñan kwe emaron bar kajjitōk an kenono ibben opij eo aer ej lale kakien im kwalok Kakien ko Emōj Kakobaba Melele an Washington (RCW) 11.125.050 (<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050>). Ñe ejimwe aer kar kamool an jain peba eo am jen ruo kamool rejab ebaake kwe im jab jitaam jen rikamool, peba eo enaj jerbal wōt iomwin kakien eo an Washington. Pāān eo am **aikuj** bōke.
2. **Peba eo Ejab “Jimwe”.** Peba in kakien maron ko ilo peij in ejejjjet kūtien iomwin kakien eo an Washington, bōtab jet pāān im bejne ko jet rekōnaan kōjerbal peba eo aer make. Ñe juon pāān ak bar juon bejne

ejab bōke peba in kakien maron eo am, armej eo ej kōmadmōd ñan kwe emaron kajjitōk an kebaak opij in loar eo aer innem kwalok

RCW 11.125.050

(<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050>) im RCW 11.125.200(3)(a)

(<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.200>).

Remaron kajjitōk peba in kamool ibben armej ro rej Kōmadmōd. Pāān eo emaroon ba renaj bōk wōt peba in kakien maron ñe armej eo ej kōmadmōd enaj jaini juon peba in “kamool” ej kalikar ke ejejjet peba in kakien maron. Mennin ej juon kakien. Bōtab, ñe pāān eo ekōnaan peba in kamool, rej aikuj kajjitōke ilon 7 raan jen raan eo kwar lelok peba in kakien maron. Armej eo ej kōmadmōd wōt aikuj jaini peba in kamool eo.

Kajeoñ in bōk jibañ ikijen kakien ñe juon pāān ak imōn jerbal ejab lewaj am peba ak aikuj am kōjerbal peba ko aer.

WashingtonLawHelp.org gives general information. It is not legal advice.

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Woñmaanlok Peba in Kakien Maron ñan an Juon Armej

Kōmadmōd ikijen Jāān

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Taktō

Ettā in _____.

Raan in lotak eo aō ej _____.

1. Armej eo ej Kōmadmōd. Ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōde aoleb maron ñan lale melele ko ikijen aō taktō.

- ☐ **Armej eo juon.** Ñe armej eo ej kōmadmōd ñan na ebed etan ijin lōñ enaj jab maron ak makoko in madmōd, ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōde aoleb maron ñan lale melele ko ikijen aō taktō.

- ☐ **Armej eo juon kein 2.** Ñe armej eo ej kōmadmōd im armej eo juon emōj likūt etan ijin lōñ ejab maron ak enaj makoko in kōmadmōd, ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōde aoleb maron ñan lale melele ko ikijen aō taktō.

2. Maron ko Aō. Ij kejbarok maron eo aō ñan aō kōmmāne kelet ko ikijen aō taktō elañe imaron.

3. Woñmaanlok. Armej eo ej Kōmadmōd ñan na emaron kōjerbal peba in kakien maron in ñan lale jerbal ko aō elañe inaj nañinmej ak jorrāān im jab maron make kōmmāne kelet ko. Nañinmej eo aō ebañ jañiji peba in kakien ñan lelok maron.

4. Raan eo enaj Jinoe. Peba in kakien maron enaj jejjēt kutien ilo raan eo ij jaini.

5. Raan eo enaj Jemlok. Peba in kakien maron in enaj jemlok elañe inaj kabōjrak ak elañe imij. Ñe rimarre ak armej eo ij belele ibben ej armej eo ej Kōmadmōd ñan na, peba in kakien maron in enaj bōjrak elañe juon iamoro enaj bael peba in jebel ilo imōn ekajet.

Durable Power of Attorney for Health Care

My name is _____.

My birth date is _____.

Agent. I choose (*name*):

_____ as my Agent with full authority to manage my health care.

Alternate. If the agent named above is unable or unwilling to act, I choose (*name*):

_____ as my Agent with full authority to manage my health care.

2nd Alternate. If both the agent and alternate named above are unable or unwilling to act, I choose (*name*):

_____ as my Agent with full authority to manage my health care.

My Rights. I keep the right to make health care decisions for myself if I am capable.

Durable. My Agent can use this power of attorney to manage my affairs even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.

Start Date. This power of attorney is effective on the day I sign it.

End Date. This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.

6. **Jolok.** Ij jolok jabdewōt peba in kakien maron ñan peba in taktō emōj aō kar jaini moktalok. Imelele ke imaron jolok peba in kakien maron in jabdewōt ien ilo aō lelok kōjella ilo jeje kōn aō jolok ñan armej eo ej Kōmadmōd ñan na.

7. **Maron ko.** Armej eo ej kōmadmōd ñan na aikuj wōr an aoleb maron in kōmmāne jabdewōt ilo aoleb wāween eo ejejjet einwōt ilo aō maron kar kōmmāne, ekoba, bōtab ejab jemlok ilo, maron eo ñan:

- ✓ Kōmmāne kelet ko ikijen taktō im lelok kōmelim eo emōj aō bōk melele kake ikijen aō taktō
- ✓ Makoko im jolok kōmelim eo ikijen aō taktō
- ✓ Etal im kabōjrak aō etal ibben taktō ro aō
- ✓ Kanne peba ñan im lelok kōmelim ñan aō deloñ ilo juon taktō, nōōjin, jikin jokwe ak bar juon jikin einwōt im **ejab** juon jikin kōmadmōd nañinmej in kōmelij
- ✓ Ej jerbāl einwōt armej ej jutak ikiyeō ñan aoleb wāween ko redeloñ ilo Health Insurance Portability and Accountability Act (Kakien eo ej Kejbarok Wāween Kōmadmōd Melele in Nañinmej ko an Rinañinmej, HIPAA) an 1996, einwōt emōj kar kakobaba melele
- ✓ Lotok na ilo jabdewōt aujbitol ak jikin ājmour eo ij jokwe ak taktō ae

8. **Injuran in Jibañ ko an Kien.** Armej eo ej Kōmadmōd ñan na aikuj wōr an aoleb maron in bebe im lale aoleb jibañ in injuran ko aō jen kien ikiyeū, ekoba bōtab ejab jemlok wōt ñan an jaini im lelok kōmelim ñan ablikajon ko, koontoreak ko, kwon ko rej woñmaanlok ñan etale maron tōbrak, im bebe in taktō ko ñan jibañ im jerbāl ko an federal im state ikijen mōñā, taktō, imōn jokwe, im lale rinañinmej iomwin ien aitok.

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 at any time by giving written notice of revocation to my Agent.

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 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
- ✓ Visit me at any hospital or other medical facility where I reside or receive treatment

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.

9. **Wūno ñan Nañinmej in Kōmelij.** Armej eo ej Kōmadmōd ñan na **ejab** melim ñan an bebe kōn aō kallimur ak likūt na ilo juon imōn taktō an nañinmej in kōmelij. Armej eo ej Kōmadmōd ñan na **ejab** melim an lelok kōmelim ñan jibañ in jarom ko ñan kōmelij, mwijmwij ko ñan jibañ ikijen lomnak im wāween makūtkūt, ak jermal ko jet ikijen lomnak ak nañinmej in kōmelij im rej kōmman an juon jab maron make makūtkūt ilo anemkwoj.

10. **Etale.** Armej eo ej Kōmadmōd ñan na aikuj kejbarok aoleb jejjetin rekoot ko kōn jāān ko aō im kwalok rekoot kein ñan na ilo ien inaj kajjitōk.

11. **Lelok Etan juon Rikejbarok.** Ij lelok etan armej eo ej Kōmadmōd ñan na bwe en rikejbarok eo aō ñan an jikin ekajet eo lomnak ae elañe enaj aikuj kōmadmōd ko ilo jikin ekajet ñan lale woñ enaj aō rikejbarok.

12. **Diwōj Melele ko ikijen HIPAA.** Ij kōmelim an taktō ro aō lelok aoleb melele ko rej kakien iomwin Health Insurance Portability and Accountability Act an 1996 (Kakien eo ej Kejbarok Wāween Kōmadmōd Melele in Nañinmej ko an Rinañinmej, HIPAA) ñan armej eo ej Kōmadmōd ñan na.

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.

Accounting. My Agent shall keep accurate records of my financial affairs and show these records to me at my request.

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

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.

Raan: _____

► _____

Jain in ettā (imaan juon eo ej rikamool ewōr an jitam ak rikamool ro)

← Date

← My signature (in front of a notary or witnesses)

Notarization (*Jitaam in Kamool*)

State of Washington (*State eo an Washington*)

County of (*Bukon eo an*) _____

This document was acknowledged before me on (*date*) _____

(*Peba in emōj kamool imaan meja ilo (raan)*)

by (*name*) / (*jen ibben (etan)*) _____



Signature of Notary (*Jain in Ettā Rikamool eo ej Jitaam*)

Notary Public for the State of Washington.

(*Rikamool eo ej Jitaam ñan State eo an Washington*)

My commission expires (*Kamijen eo aō enaj jemlok an jermal ilo*) _____

Peba in Kamool Rikamool ro (ñe kwōnaj wōt jab loe juon rikamool eo ewōr an jitaam)

Ilo (*raan*) _____,

(*etan*) _____ emōj jaini
Woñmaanlok Peba in Kakien Maron ñan an Juon Armej
Kōmadmōd ñan Taktō imaan mejā. Ij errā in kamool an
jain in ettā ilo ien enaj kajjitōk.

- Ejab nukku armej in kōn bōtōktōk, marre, ak peba in belele ko an state.
- Ijab lale armej in ilo imōn jokwe ak bar juon jikin lale rinañinmej iomwin ien aitok.

Rikamool 1



Jain in ettā

Jeje in etan

Atorej _____

Talebon _____

Rikamool 2



Jain in ettā

Jeje in etan

Atorej _____

Talebon _____

Statement of Witnesses (only if you cannot find a notary)

On (*date*) _____,

(*name*) _____
signed this Durable Power of Attorney in my
presence. I agreed to witness their signature
at their request.

I am not related to this person by blood,
marriage, or state registered domestic
partnership.

I do not provide care for this person at home
or in a long-term care facility.

Witness 1

← Signature

← Print name

← Address

← Phone

Witness 2

← Signature

← Print name

← Address

← Phone

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Taktō
Peba eo emōj likūt ijin: Melele ñan Wāween Kebaak

Durable Power of Attorney for Health Care
Attachment: Contact Info

Melele eo aō

Ettā _____

Raan in lotak eo aō _____

Talebon nomba eo aōdv _____

Atorej in email eo aō _____

Atorej in mael eo aō _____

Taktō eo aō _____

My information

My name

My date of birth

My phone number

My email address

My mailing address

My primary care medical provider

Peba in kakien maron

Ewōr aō **Woñmaanlok Peba in Kakien Maron** ej kōtlok an bar juon armej bwe en (armej eo ej “kōmadmōd” ñan na) im kōmmāne kelet ko ikijen aō taktō elañe ijab maron.

Power of attorney

I have a **Durable Power of Attorney** that lets someone else (my “agent”) make health care decisions for me if I am not able.

Armej eo ej kōmadmōd ñan na ikijen taktō

Etan armed eo ej Kōmadmōd _____

Kadkad eo an armej eo ej Kōmadmōd ñan na (Waan joñak ko: mōttā, jerā, beleiū, leddik eo jeiu ak jatu, bar juon.)

Talebon Nomba an armed eo ej kōmadmōd _____

Email atorej an armej eo ej kōmadmōd _____

My health care agent

Agent’s name

Agent’s relationship to me (Examples: friend, partner, spouse, sister, etc.)

Agent’s phone number

Agent’s email address

Armej eo juon ej Kōmadmōd ñan na ikijen taktō (elañe ewōr)

Etan armed eo juon ej Kōmadmōd _____

Kadkad eo an armej eo juon ej Kōmadmōd ñan na (Waan joñak ko: mōttā, jerā, beleiū, leddik eo jeiu ak jatu, bar juon)

Talebon Nomba an armed eo juon ej Kōmadmōd _____

Email atorej an armej eo juon enaj Kōmadmōd _____

My alternate health care agent (if any)

Alternate agent’s name

Alternate agent’s relationship to me (Examples: friend, partner, spouse, sister, etc.)

Alternate agent’s phone number

Alternate agent’s email address

Armej eo enaj juon kein 2 Kōmadmōd ñan na ikijen taktō (elañe ewōr)

Etan armej eo juon kein 2 _____

Kadkad eo an armej eo juon kein 2 ñan na (Waan joñak ko: mōttā, jerā, beleiū, leddik eo jeiu ak jatu, bar juon.)

Talebon nomba an armej eo juon kein karuo kein 2 _____

Email atorej an armej eo juon kein 2 _____

My 2nd alternate health care agent (if any)

2nd alternate's name

2nd alternate's relationship to me
(Examples: friend, partner, spouse, sister, etc.)

2nd alternate's phone number

2nd alternate's email address

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Jāān

Ettā in _____.

Raan in lotak eo aō ej _____.

1. Armej eo ej kōmadmōd. Ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōd ñan na im ij lelok aoleb maron bwe en lale jāān ko aō.

- ☐ **Armej eo juon.** Ñe armej eo ej kōmadmōd ñan na ebed etan ijin lōñ enaj jab maron ak makoko in madmōd, ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōd ñan na im ij lelok aoleb maron bwe en lale jāān ko aō.

- ☐ **Armej eo juon kein 2.** Ñe armej eo ej kōmadmōd im armej eo juon emōj likūt etan ijin lōñ ejab maron ak enaj makoko in kōmadmōd, ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōd ñan na im ij lelok aoleb maron bwe en lale jāān ko aō.

2. Maron ko Aō. Ij kejbarok maron eo ñan aō make kōmmāne kelet ko ikijen jāān elañe inaj imaron.

3. Woñmaanlok. Ñe armej eo ej Kōmadmōd ñan na emaron kōjerbal peba in kakien maron ñan lale jāān ko aō jekdoon ñe inaj nañinmej ak jorrāān im jab maron make kōmmāne kelet ko ñan na make. Nañinmej eo aō ebañ jañiji peba in kakien ñan lelok maron.

4. Raan eo enaj Jinoe. Enaj jejjet kutien peba in kakien maron: (*kakōlle juon*)

- ☐ Ien eo wōt

- ☐ Ñe taktō eo aō enaj jaini etan ilo leta eo ej ba ijab maron kōmmāne kelet ko ñan na make.

Durable Power of Attorney for Finances

My name is _____.

My birth date is _____.

Agent. I choose (*name*):

_____ as my Agent with full authority to manage my finances.

Alternate. If the agent named above is unable or unwilling to act, I choose (*name*):

_____ as my Agent with full authority to manage my finances.

2nd Alternate. If both the agent and alternate named above are unable or unwilling to act, I choose (*name*):

_____ as my Agent with full authority to manage my finances.

My Rights. I keep the right to make financial decisions for myself if I am capable.

Durable. My Agent can use this power of attorney to manage my finances even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.

Start Date. This power of attorney is effective: (*check one*)

Immediately

Only if my medical provider signs a letter saying I cannot make decisions for myself.

5. **Raan eo enaj Jemlok.** Peba in kakien maron in enaj jemlok elañe inaj kabōjrak ak elañe imij. Ñe rimarre ak armej eo ij belele ibben ej armej eo ej Kōmadmōd ñan na, peba in kakien maron in enaj bōjrak elañe juon iamoro enaj bael peba in jebel ilo imōn ekajet.

6. **Jolok.** Ij jolok jabdewōt kakien maron ñan peba in jāān ko emōj aō kar jaini moktalok. Imelele ke imaron jolok peba in kakien maron in jabdewōt ien ilo aō lelok kōjella ilo jeje kōn aō jolok ñan armej eo ej Kōmadmōd ñan na.

7. **Maron ko.** Armej eo ej kōmadmōd ñan na aikuj wōr an aoleb maron in kōmmāne jabdewōt ilo aoleb wāween eo ejejjet einwōt ilo aō maron kar kōmmāne, ekoba, bōtab ejab jemlok ilo, maron eo ñan:

- ✓ Kadeloñ jāān ilo, im kolla jen, jabdewōt akkoun ebed ilo ettā ilo jabdewōt pāān.
- ✓ Kōbellok im bōke kobban jabdewōt bok in kakwon ebed ilo ettā
- ✓ Wia kake, jañij, lemaanlok taitol ko an stock, bond, ak jāān ko jet
- ✓ Wia kake, kajjitōk, ak kabōjrak jabdewōt mweiuk ko am kwōjab ak maron kōmakūt
- ✓ Kanne ablikajon ñan im lale jibañ ko jen kien, ekoba Medicaid

8. **Maron ko Rejenolok.** Armej eo ej kōmadmōd ñan na aikuj bar wōr an maron ñan melele ko laajrak

- ☐ Aet ☐ Jab Lelok mennin lelok jen jāān ak mweiuk ko aō
- ☐ Aet ☐ Jab Kōmmāne, jañiji, ak kaanjel ae maron ko aō ilo ien mour
- ☐ Aet ☐ Jab Kōmmāne, jañiji, ak kaanjel ae ta ko rej etal ñan armej ro renaj bōk jerammon ko aō
- ☐ Aet ☐ Jab Jolok maron eo aō bwe in armej eo enaj bōk jerammon jen bebe in annuity ak retirement

End Date. This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.

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 at any time by giving written notice of revocation to my Agent.

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
- ✓ Open and remove items from any safe deposit box in my name
- ✓ Sell, exchange, or transfer title to stocks, bonds, or other securities
- ✓ Sell, convey, or encumber any real or personal property
- ✓ Apply for and manage governmental benefits, including Medicaid

Special Powers. My agent shall also have the following powers:

- Yes / No Give gifts of my money or property
- Yes / No Create, change, or cancel my rights of survivorship
- Yes / No Create, change, or cancel beneficiary designations
- Yes / No Give up my right to be the beneficiary of an annuity or retirement plan

<input type="checkbox"/> Aet <input type="checkbox"/> Jab Kōmmāne, jañiji, ak kaanjel ae juon trust	Yes / No Create, change, or cancel a trust
<input type="checkbox"/> Aet <input type="checkbox"/> Jab Ba ñan juon trustee bwe en lelok ajejen juon trust einwōt aō maron kar	Yes / No Tell a trustee to make distributions from a trust just as I could
<input type="checkbox"/> Aet <input type="checkbox"/> Jab Kōmmāne, jañiji, ak kaanjel ae juon kwōn in em ak bwidej ilo jukjuginbed	Yes / No Create, change, or cancel a community property agreement
<input type="checkbox"/> Aet <input type="checkbox"/> Jab Lelok maron eo emōj lelok ilo peba in ñan bar juon armej	Yes / No Give authority granted in this document to someone else
9. Etale. Armej eo ej kōmadmōd ñan na aikuj kejbarok rekoot in jāān ko aō im kwalok rekoot kein ñan na ilo ien aō kajjitōk.	Accounting. My Agent shall keep accurate records of my finances and show these records to me at my request.
10. Kelet Rikejbarok ak Rilale. Ij lemaanlok etan armej eo ej Kōmadmōd ñan na bwe en rilale ñan an jikin ekajet eo lomnak in kile elañe madmōd ko ñan an wōr rilale enaj mennin aikuj.	Nomination of Guardian or Conservator. I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.
11. Diwōj Melele ko ikijen HIPAA. Ij kōmelim an taktō ro aō lelok aoleb melele ko rej kakien iomwin Health Insurance Portability and Accountability Act an 1996 (Kakien eo ej Kejbarok Wāween Kōmadmōd Melele in Nañinmej ko an Rinañinmej, HIPAA) ñan armej eo ej Kōmadmōd ñan na.	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.
Raan: _____ ► _____ Jain in ettā (imaan juon rikamool)	← Date ← My signature (in front of a notary)

Notarization (*Jitaam in Kamool*)

State of Washington (*State eo an Washington*)

County of (*Bukon eo an*) _____

This document was acknowledged before me on (date) _____

(*Peba in emōj kamool imaan meja ilo (raan)*)

by (*name*) / (*jen ibben (etan)*) _____



Signature of Notary (*Jain in Ettā Rikamool eo ej Jitaam*)

Notary Public for the State of Washington. (*Rikamool eo ej Jitaam ñan State eo an Washington*)

My commission expires (*Kamijen eo aō enaj jemlok an jermal ilo*) _____