

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 kōjatdikdik 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 kōjatdikdik 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
emaron 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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<https://assets.washingtonlawhelp.org/mh/wonmaanlok-peba->

[kakien-maron-nan-juon-armej-komadmod-ikijen-jaan](#)

Durable Power of Attorney for Health Care

My name is _____. My date of birth is _____.

1. **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.
2. **My Rights.** I keep the right to make health care decisions for myself if I am capable.
3. **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.
4. **Start Date.** This power of attorney is effective on the day I sign it.
5. **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. **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.
7. **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

8. **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. **Mental Health Treatment.** Unless I give my Agent power of attorney for mental health care **and** I have a Mental Health Advance Directive that specifically consents to these things:
- ✓ 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.
10. **Accounting.** My Agent shall keep accurate records of my financial affairs and show these records to me at my request.
11. **Nomination of Guardian.** I nominate my Agent as my guardian for consideration by the court if guardianship 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.

I am signing of my own free will for the purposes stated in this document.

► _____
My signature (*in front of a notary or witnesses*) Date _____

Notarization (preferred)

State of Washington

County of _____

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

► _____
Signature of Notary
Notary Public for the State of Washington.
My commission expires _____.

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: _____

Durable Power of Attorney for Health Care
Attachment: Contact Info

My information

My name _____

My date of birth _____

My phone number _____

My email address _____

My mailing address _____

My primary care medical provider _____

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.

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 _____

My alternate health care agent (if any)

Alternate’s agent’s name _____

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

Alternate agent’s phone number _____

Alternate agent’s email address _____

My 2nd alternate health care agent (if any)

2nd alternate’s name _____

2nd alternate’s relationship to me (friend, partner, spouse, sister, etc.) _____

2nd alternate’s phone number _____

2nd alternate’s email address _____

Durable Power of Attorney for Finances

My name is _____. My date of birth is _____.

1. **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.
2. **My Rights.** I keep the right to make financial decisions for myself if I am capable.
3. **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.
4. **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. **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. **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.
7. **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
8. **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
- ☐ Yes ☐ No – Create, change, or cancel a trust
- ☐ Yes ☐ No – Tell a trustee to make distributions from a trust just as I could
- ☐ Yes ☐ No – Create, change, or cancel a community property agreement
- ☐ Yes ☐ No – Give authority granted in this document to someone else

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

10. Nomination of Conservator. I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.

11. 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.

I am signing of my own free will for the purposes stated in this document.



My signature (*in front of a notary*) _____

_____ Date

Notarization (preferred)

State of Washington

County of _____

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

by (*name*) _____.



Signature of Notary

Notary Public for the State of Washington.

My commission expires _____.