

# 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 \_\_\_\_\_.