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 kōmmane 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 kōmmane 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 kōmmane kelet ko ñan na make.

Durable Power of Attorney for Finances

My name is _____.

My birth date 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. **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 kōmmane jabdewōt ilo aoleb wāween eo ejejjet einwōt ilo aō maron kar kōmmane, 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 Kōmmane, jañiji, ak kaanjel ae maron ko aō ilo ien mour
   - ☐ Aet ☐ Jab Kōmmane, 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

☐ Aet ☐ Jab Kōmmane, jañiji, ak kaanjel ae juon trust	Yes / No Create, change, or cancel a trust
☐ Aet ☐ Jab Ba ñan juon trustee bwe en lelok ajej jen juon trust einwōt aō maron kar	Yes / No Tell a trustee to make distributions from a trust just as I could
☐ Aet ☐ Jab Kōmmane, jañiji, ak kaanjel ae juon kwōn in em ak bwidej ilo jukjukinbed	Yes / No Create, change, or cancel a community property agreement
☐ Aet ☐ 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: _____	← Date
▶ _____	← My signature (in front of a notary)
Jain in ettā (imaan juon rikamool)	

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 jerbal ilo)* _____