

**DURABLE POWER OF ATTORNEY FOR FINANCES for:**

\_\_\_\_\_  
[Legal Name]

This document states my choices about my finances. It is meant to inform and guide whoever will make financial decisions for me, if I become unable to make my own health care decisions. I understand that such inability may only be temporary. When I can make my own financial decisions I want to do so. Even when I cannot make my own financial decisions, I want my financial decision maker(s) to talk to me honestly about my finances.

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 an alternate agent. I choose \_\_\_\_\_ as my alternate 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 POA.**

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.

**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.

\_\_\_\_\_  
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 Signature

\_\_\_\_\_  
Witness 2 Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Printed Name