# WASHINGTON POWER OF ATTORNEY

#### IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

This power of attorney does not authorize the agent to make medical and health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

#### **DESIGNATION OF AGENT**

I,[Principal nar	ne] of
[Address], authorize	[Agent name] of
	[Address], as my agent (attorney-in-fact) to act for me
and in my name, stead, and for my use and be	enefit. If my agent is unable or unwilling to act for me, I
name[Success	sor name] of
	[Address], as my successor agent.
(Check if applicable. Strike out if not.)	
☐ I hereby give notice that I have revoked, an	nd do hereby revoke, any previous power of attorney given
or empowering another agent to act as my tru- authority granted under said power of attorney	e and lawful attorney in fact. I declare that all power and is hereby revoked and withdrawn.



#### **GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects:

INITIAL each subject you want to include in the agent's general authority.

\_\_\_\_\_(K) Benefits from Governmental Programs or Civil or Military Service
\_\_\_\_\_(L) Retirement Plans
\_\_\_\_\_(M) Taxes
\_\_\_\_\_(N) All Preceding Subjects

(J) Personal and Family Maintenance



#### **GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

My agent may <u>not</u> do any of the following specific acts for me unless I have INITIALED the specific authority listed below:

CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL only the specific authority you want to give your agent. (A) Make, amend, alter or revoke any of the principal's life insurance, annuity, or similar contract beneficiary designations, employee benefit plan beneficiary designations, trust agreements, registration of the principal's securities in beneficiary form, payable on death or transfer on death beneficiary designations, designation of persons as joint tenants with right of survivorship with the principal with respect to any of the principal's property, community property agreements, transfer on death deeds, or any other provisions for non-probate transfer at death contained in non-testamentary instruments described in Revised Code Washington Section 11.02.091 (B) Make any gifts of property owned by the principal (C) Exercise the principal's rights to distribute property in trust or cause a trustee to distribute property in trust to the extent consistent with the terms of the trust agreement (D) Make transfers of property to any trust (whether or not created by the principal) unless the trust benefits the principal alone and does not have dispositive provisions which are different from those which would have governed the property had it not been transferred into the trust (E) Disclaim property **LIMITATION ON AGENT'S AUTHORITY** 

An agent that is not my ancestor, spouse, or descendant may <u>not</u> use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

# **SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:



# **EFFECTIVE DATE**

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

TERMINATION (Check one and strike out the other)	
□ DURABLE Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.	
☐ REGULAR Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.	
NOMINATION OF GUARDIAN (OPTIONAL)	
If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment:	
Name of Nominee for guardian of my estate:	
Nominee's Address:	
Nominee's Telephone Number:	
Name of Nominee for guardian of my person:	
Nominee's Address:	
Nominee's Telephone Number:	
RELIANCE ON THIS POWER OF ATTORNEY  Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.	SS
SIGNATURE AND ACKNOWLEDGMENT	
Your Signature Date	
Your Name Printed:	
Your Address:	



Your Telephone Number: \_\_\_\_\_

State of Washington		
County of		
personally appeared me on the basis of satisfactory evidence	_, 20, before me,, personally known to e to be the person whose name is subscribed secuted the same and that by his/her signature.	me or who proved to I to this instrument
	(Seel if any)	
	(Seal, if any)	
Signature of Notary		
My commission expires:		



#### IMPORTANT INFORMATION FOR AGENT

### **Agent's Duties**

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

# **Termination of Agent's Authority**

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

### **Liability of Agent**



The meaning of the authority granted to you is defined in the Washington Revised Code Annotated, Chapter 11.94. If you violate the Washington Revised Code Annotated, Chapter 11.94, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

# AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of	_
County of	<u></u>
	(Name of Agent), certify under penalty of perjury that
	(Name of Principal) granted me authority as an agent or successor agent
in a power of attorney dated	<del>,</del>
I, further certify that to my kr	nowledge:
(2) The principal is alive and authority to act under the popower of attorney been term (3) When the power of attornundue influence to sign; (4) All events necessary to r (5) If I was married or a regiexecuted, there has been not pending for the dissolution of (6) If the power of attorney workingency, the event or co (7) If I was named as a succession.	ressor agent, the prior agent is no longer able or willing to serve, or the er of attorney that cause me to become the acting agent have occurred; and
	(Insert other relevant statements)
SI	GNATURE AND ACKNOWLEDGMENT OF AGENT
Agent's Name Printed:	Date 
Agent's Telephone Number:	



inis document was acknowle	· ·	(1)
	(Date), by	(Name of Agent).
Signature of Notary		
(Seal, if any)	<del></del>	
, ,,		
My commission expires:		
This document prepared by: _		

