# WASHINGTON REAL ESTATE 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.

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 name] of
[Address], authorize _	[Agent name] of
	[Address], as my agent (attorney-in-fact) to act for i
and in my name, stea	and for my use and benefit. If my agent is unable or unwilling to act for me, I
name	[Successor name] of
	[Address], as my successor agent.



(Check if applicable. Strike out if not.)
☐ I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.
GRANT OF AUTHORITY
I grant my agent and any successor agent authority to act for me with respect to the following powers for: (Check one)
☐ All real property owned by me.
☐ The real estate located at [Address] and with a legal description of
You must INITIAL and CHECK by each power you want to include in the agent's authority:     Negotiation/Acceptance of Price and Terms of Real Estate. The negotiation of the price and terms of a purchase or sale of real estate and agreement to the final price and terms of the transaction.
Sale of Real Estate. Subsequent to the agreement as to price and terms, the sale of real estate, including, but not limited to the execution, modification and delivery of any and all documents required in connection to the sale; provided, however, agent has authority to modify price and terms only if authority under "Negotiation and Acceptance of Price and Terms" has been granted.
Receipt of Proceeds of the Sale of Real Estate. The receipt of closing proceeds for deposit into my account which has been disclosed to my agent.
Purchase of Real Estate. Subsequent to the agreement as to price and terms, the purchase of real estate with the financing and mortgaging of the real estate, including, but not limited to the execution, modification and delivery of any and all documents required in connection to the financing and purchase of the real estate. My agent is authorized to perform withdrawals and disbursements of funds required for the closing from my account which has been disclosed to my agent provided, however, agent has authority to modify price and terms only if authority under "Negotiation and Acceptance of Price and Terms" has been granted.
☐ Management of Real Estate. The maintenance and management of the real estate such as but not limited to, rent negotiation, signing lease/sublease agreements, tenant eviction, signing of purchasing supplies, assistance or labor recruitment, and overseeing repairs or alterations, and any other representation required for the day-to-day management of the real estate.



req and wit	Refinancing of Real Estate. The refinancing of my debts, including, but not limited to the debts secured by a mortgage on the real estate. My agent is authorized to perform any and all acts required for such refinancing, including but not limited to, the modification, execution and delivery of any and all documents required in connection to the refinancing. My agent is authorized to perform the withdrawal and disbursements of funds required to complete the refinancing from my account which has been disclosed to my agent.				
	LIMITATION ON AGENT'S AUTHORITY				
а р	An agent that is not my ancestor, spouse, or descendant may <u><b>not</b></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)				
Yo	u may give special instructions on the following lines:				
	EFFECTIVE DATE				
Un	less I have stated otherwise in the Special Instructions, this power of attorney is effective: (Check one)				
	Immediately				
	Upon my subsequent disability or incapacity				
	On, 20				
	Other:				



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.
SIGNATURE AND ACKNOWLEDGMENT
Your Signature Date



Your Name Printed: \_\_\_\_\_

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

Your Address:

State of Washington	
County of	
On this day of, 20	, before me,,
personally appeared	, personally known to me or who proved to
me on the basis of satisfactory evidence to be t	the person whose name is subscribed to this instrument
and acknowledged to me that he/she executed	the same and that by his/her signature on this instrument
the person executed this instrument.	
	(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:

(1 miopais riams) by (1 our dignature) as right		(Principal's Name) by		(Your Signature)	) as Agent
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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**

State of Washington

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

County of	<del></del>
l,	(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	
I, further certify that to my kn	owledge:
(1) I am acting in good faith <sub>I</sub>	oursuant to the authority given under the power of attorney;
authority to act under the po	has not terminated, revoked, limited, or modified the power of attorney or my wer of attorney; nor has the power of attorney or my authority to act under the inated, revoked, limited, or modified by any other circumstances;
(3) When the power of attorn undue influence to sign;	ney was signed, the principal was competent to execute it and was not under
(4) All events necessary to n	naking the power of attorney effective have occurred;
(5) If I was married or a regis	stered domestic partner of the principal when the power of attorney was
executed, there has been no	subsequent dissolution, annulment, or legal separation, and no action is
pending for the dissolution o	f the marriage or domestic partnership or for legal separation;
(6) If the power of attorney w	as drafted to become effective upon the happening of an event or
contingency, the event or co	ntingency has occurred;
(7) If I was named as a succ	essor agent, the prior agent is no longer able or willing to serve, or the
conditions stated in the power	er of attorney that cause me to become the acting agent have occurred; and
(8)	
	(Insert other relevant statements)



# SIGNATURE AND ACKNOWLEDGMENT OF AGENT

Agent's Signature	Date	
Agent's Name Printed:		
Agent's Address:		
Agent's Telephone Number:		
This document was acknowledged before me	on	
(Date), by		(Name of Agent).
Signature of Notary		
(Seal, if any)		
My commission expires:		
This document prepared by:		

