

FirstName LastName WASHINGTON POWER OF ATTORNEY



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The answers you provide in the questionnaire are incorporated in this document at your direction. The form was developed by attorneys based on the laws of your state. You are responsible for finalizing the document and having it reviewed by an attorney.

Finalizing a Power of Attorney in Washington

After printing your document, you will need to finalize it. Below are the steps:

- 1. Print out your document
- 2. Review, initial, sign, and date in front of a notary and two witnesses
- 3. Have two witnesses sign and date
- 4. Have notary sign and date
- 5. Keep document in a safe place

Notice: Some state laws require the principal to initial or sign next to the powers they have granted in order for that power to be effective. To make sure you have initialed and/or signed in the correct places, you should review your form and your state's laws on powers of attorney requirements.

Some state laws prohibit certain people from being witnesses to a power of attorney. Review your state's laws on witness requirements for powers of attorney.

In addition, your agent may be required to verify their authority with a certification or affidavit, or provide specimen signatures before a party will honor your power of attorney.

WASHINGTON POWER OF ATTORNEY

OF FirstName LastName

DESIGNATION OF AGENT

	DESIGNATION OF AGENT
I, FirstName LastN	ame, name the following person as my agent:
Name:	FirstName LastName
Address:	222 Street Name
	City, Washington 12345
Phone:	(555) 555-5555
	DESIGNATION OF SUCCESSOR AGENT(S)
If my agent is unab	le or unwilling to act for me, I name as my successor agent:
Name:	FirstName LastName
Address:	333 Street Address
	City, Washington 12345
Phone:	(555) 555-5555
If my successor age	ent is unable or unwilling to act for me, I name as my second successor agent:
Name:	FirstName LastName
Address:	444 Street Address
	City, Washington 12345
Phone:	(555) 555-5555
	GRANT OF GENERAL AUTHORITY
	and any successor agent general authority to act for me with respect to the I have INITIALED as defined in the Uniform Power of Attorney Act RCW
Real Prop	perty
Tangible	Personal Property
Stocks, B	Bonds, and Financial Instruments
Banks an	d Financial Institutions

Operation of a Business or Entity

✓ Insurance and Annuities		
Estates, Trusts, and Other Beneficial Interests		
Legal Affairs, Claims, and Litigation		
Personal and Family Maintenance		
Government Program and Civil and Military Service Benefits		
Retirement Benefits and Deferred Compensation		
Taxes		
GRANT OF SPECIFIC AUTHORITY		
My agent SHALL NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:		
☐ Create, amend, revoke, or terminate an inter vivos trust		
□ Make a gift		
☐ Create or change rights of survivorship		
☐ Create or change a beneficiary designation		
☐ Delegate some but not all of the authority granted under the power of attorney, except as otherwise provided in RCW 11.125.110(1)		
☐ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan		
☐ Exercise fiduciary powers that the principal has authority to delegate		
☐ Exercise any power of appointment in favor of anyone other than the principal		
I IMITATION ON ACENT'S AUTHODITY		

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support.

SPECIAL INSTRUCTIONS

Revocation. All my previously executed powers of attorney are hereby revoked.

Compensation. My agent is entitled to reasonable compensation for actions taken pursuant to this power of attorney.

Special Instructions. I leave the following special instructions for my agent: I have no special instructions at this time.

EFFECTIVE DATE

My agent shall only have the authority to act upon my later incapacity.

NOMINATION OF CONSERVATOR OR GUARDIAN

If it becomes necessary for a court to appoint a conservator of my estate, I nominate the following person for appointment:

Name: FirstName LastName

Address: 555 Street Address, City, Washington 12345

Phone: (555) 555-5555

If it becomes necessary for a court to appoint a guardian of my person, I nominate the following person for appointment:

Name: FirstName LastName

Address: 666 Street Address, City, Washington 12345

Phone: (555) 555-5555

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

A power of attorney must be signed and dated by the principal, and the signature must be either acknowledged before a notary public or other individual authorized by law to take acknowledgments, or attested by two or more competent witnesses who are neither home care providers for the principal nor care providers at an adult family home or long-term care facility in which the principal resides, and who are unrelated to the principal or agent by blood, marriage, or state registered domestic partnership, by subscribing their names to the power of attorney, while in the presence of the principal and at the principal's direction or request.

Principal Signature

Signature:	
Name:	FirstName LastName
Date:	
Address:	111 Street Address
	City, Washington 12345
Phone:	(555) 555-5555

Email: name@email.com

Witness 1 Acknowledgement	Witness 2 Acknowled	lgement
Signature:	Signature:	
Date:	Date:	
Name:	Name:	
Address:	Address:	
Notary Acknowledgement		
State of		
County of	<u></u>	
This document was acknowledged LastName.	d before me on	by FirstName
Signature:		Seal, if any
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. Act in accordance with the principal's reasonable expectations to the extent actually known by the agent and, otherwise, in the principal's best interest;
- 2. Act in good faith; and
- 3. Act only within the scope of authority granted in the power of attorney.
- 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:

FirstName LastName by (Your Signature) as Agent

Except as otherwise provided in the power of attorney, an agent that has accepted appointment shall:

- 5. Act loyally for the principal's benefit;
- 6. Act so as not to create a conflict of interest that impairs the agent's ability to act impartially in the principal's best interest;
- 7. Act with the care, competence, and diligence ordinarily exercised by agents in similar circumstances;
- 8. Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- 9. Cooperate with a person that has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually known by the agent and, otherwise, act in the principal's best interest; and
- 10. Attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest based on all relevant factors, including:
 - a. The value and nature of the principal's property;
 - b. The principal's foreseeable obligations and need for maintenance;
 - c. Minimization of taxes, including income, estate, inheritance, generation-skipping transfer, and gift taxes; and
 - d. Eligibility for a benefit, a program, or assistance under a statute or rule.

Except as otherwise provided in the power of attorney, an agent is not required to disclose receipts, disbursements, or transactions conducted on behalf of the principal unless ordered by a court or requested in writing by the principal, a guardian, a conservator, another fiduciary acting for the principal, a governmental agency having authority to protect the welfare of the principal, or, upon the death of the principal, by the personal representative or successor in interest of the principal's estate.

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 include:

- 1. The principal dies;
- 2. The principal becomes incapacitated, if the power of attorney is not durable;
- 3. The principal revokes the power of attorney;
- 4. The power of attorney provides that it terminates;
- 5. The purpose of the power of attorney is accomplished; or
- The principal revokes the agent's authority or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney.

Events that terminate your authority to act under a power of attorney include:

- 1. The principal revokes the authority;
- 2. The agent dies, becomes incapacitate, or resigns;
- 3. An action is filed for the dissolution or annulment of the agent's marriage to the principal or for their legal separation, or an action is filed for dissolution or annulment of the agent's state registered domestic partnership with the principal or for their legal separation, unless the power of attorney otherwise provides; or
- 4. The power of attorney terminates.

Liability of Agent

The meaning of the authority granted to you is defined in the Washington Uniform Power of Attorney Act. If you violate the Washington Uniform Power of Attorney Act 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	
	, certify under penalty of perjury that FirstName LastName vas an agent or successor agent in a power of attorney dated
I further certify that	to my knowledge:
(1) I attorn	am acting in good faith pursuant to the authority given under the power of ney;
powe	the principal is alive and has not terminated, revoked, limited, or modified the er of attorney or my authority to act under the power of attorney; nor has the er of attorney or my authority to act under the power of attorney been nated, revoked, limited, or modified by any other circumstances;
` '	Then the power of attorney was signed, the principal was competent to execute I was not under undue influence to sign;
(4) A	ll events necessary to making the power of attorney effective have occurred;
of att legal	I was married or a registered domestic partner of the principal when the power orney was executed, there has been no subsequent dissolution, annulment, or separation, and no action is pending for the dissolution of the marriage or estic partnership or for legal separation;
` '	the power of attorney was drafted to become effective upon the happening of ent or contingency, the event or contingency has occurred;
to ser	I was named as a successor agent, the prior agent is no longer able or willing eye, or the conditions stated in the power of attorney that cause me to become eting agent have occurred; and
(8) O	ther:

(The rest of this page left intentionally blank)

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SIGNATURE AND ACKNOWLEDGEMENT

Agent Acknowledge	ment:	
Signature:		
Name:		
Date:		
Address:		
Phone:		
Email:		
	acknowledged before me on	, by
My commission exp	ires:	