

# WASHINGTON POWER OF ATTORNEY FORM

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**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT, CHAPTER 11.125 RCW. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU.**

## I. APPOINTMENT OF AGENT

This General Power of Attorney is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_.

I, the Principal, hereby appoint the following person as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the subjects indicated below:

The Principal: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Washington Zip Code: \_\_\_\_\_

The Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I name the following person as my Successor Agent:

The Successor Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Chapter 11.125 RCW.

(Check the boxes of the subjects you wish to grant. You may check "All of the Above" to grant all listed powers).

- Real Property (RCW 11.125.270)
- Tangible Personal Property (RCW 11.125.280)
- Stocks and Bonds (RCW 11.125.290)
- Commodities and Options (RCW 11.125.300)
- Banks and Other Financial Institutions (RCW 11.125.310)
- Operation of Entity or Business (RCW 11.125.320)
- Insurance and Annuities (RCW 11.125.330)
- Estates, Trusts, and Other Beneficial Interests (RCW 11.125.340)
- Claims and Litigation (RCW 11.125.350)
- Personal and Family Maintenance (RCW 11.125.360)
- Benefits from Governmental Programs or Civil or Military Service (RCW 11.125.370)
- Retirement Plans (RCW 11.125.380)
- Taxes (RCW 11.125.390)
- All of the Above**

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

Under Washington law (RCW 11.125.240), an Agent **MAY NOT** do any of the following unless the Principal expressly grants such authority.

(Check the boxes below **ONLY** if you wish to grant these specific powers to your Agent).

- 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 authority granted under the power of attorney
- 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

#### **V. DURABILITY AND EFFECTIVE DATE**

(Check ONE box to determine when this power of attorney becomes effective and whether it survives

incapacity).

**Durable Power of Attorney (Effective Immediately):** This Power of Attorney shall become effective immediately upon the date of this instrument and shall not be affected by my subsequent disability or incapacity.

**Springing Power of Attorney (Effective upon Incapacity):** This Power of Attorney shall become effective only upon my disability or incapacity. For purposes of this provision, I shall be considered disabled or incapacitated if certified in writing by a licensed physician that I am mentally or physically incapable of managing my financial affairs.

**Non-Durable Power of Attorney:** This Power of Attorney shall become effective immediately but shall terminate upon my disability or incapacity.

## **VI. 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 unless I have included that authority in the Special Instructions below.

## **VII. SPECIAL INSTRUCTIONS**

On the following lines, I give the following special instructions limiting or extending the powers granted to my Agent:

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## **VIII. RELIANCE BY THIRD PARTIES**

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. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

## **IX. NOMINATION OF GUARDIAN**

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

Nominee's Name: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

## **X. REVOCATION**

I hereby revoke any and all general powers of attorney previously executed by me. This Power of Attorney shall remain in full force and effect until I revoke it in writing, or until it terminates by operation of law.

## **XI. GOVERNING LAW**

This Power of Attorney shall be governed by the laws of the State of Washington, specifically the Uniform Power of Attorney Act, Chapter 11.125 RCW.

## **XII. SIGNATURE AND ACKNOWLEDGMENT**

### **The Principal:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Address: \_\_\_\_\_

## **XIII. NOTARY ACKNOWLEDGMENT**

State of Washington

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ (Name of Principal) is the person who appeared before me, and said person acknowledged that (he/she) signed this

instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Seal or Stamp)

#### **XIV. AGENT'S CERTIFICATION AND ACCEPTANCE**

I, \_\_\_\_\_ (Name of Agent), have read the attached Power of Attorney and am the person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

1. I shall act in good faith, with care, competence, and diligence, and for the best interest of the Principal.
2. I shall act loyally for the Principal's benefit.
3. I shall not create a conflict of interest that impairs my ability to act impartially in the Principal's best interest.
4. I shall keep a record of all receipts, disbursements, and transactions made on behalf of the Principal.
5. I shall cooperate with any person that has authority to make health care decisions for the Principal.

#### **The Agent:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Address: \_\_\_\_\_