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Legal Forms & Services

FirstName LastName

WASHINGTON LAST WILL
& TESTAMENT

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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 Last Will & Testament in Washington

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

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

Notice: Some state laws void a gift, bequest, or appointment to an interested witness, the spouse of an interested witness, or an heir of an interested witness. To avoid that result, you should review your state laws or consider selecting only disinterested witnesses. Disinterested typically means an individual, their spouse, and/or their heirs will not inherit under, will not be appointed in any manner, or who have no financial or other interests in, the will.

**LAST WILL AND TESTAMENT
OF
FirstName LastName**

I, FirstName LastName, of City, Washington, being of sound mind, declare this to be my LAST WILL AND TESTAMENT. I revoke all prior wills and codicils previously made by me.

ARTICLE 1.

MY FAMILY

My Spouse. I am married. My spouse is FirstName LastName. Any reference to “my spouse” in this will refers to this person unless we are no longer married at the time of my death. If I am married to someone else at the time of my death, “my spouse” will refer to that person.

My Children. I have the following children:

FirstName LastName
FirstName LastName
FirstName LastName

All references in this will to “my children” are to my children named above and any other children of mine born or adopted after the signing of this will, and any of my spouse’s children adopted by me. All references to “my descendants” are to my children and their descendants.

I have carefully considered those I wish to benefit from this will. My failure to provide for anyone not named, whether now living or born after the date of this will, is intentional and not caused by accident or mistake.

ARTICLE 2.

PAYMENT OF DEBTS, ESTATE ADMINISTRATION, AND TAXES

I direct my personal representative to pay all valid claims against my estate. This includes but is not limited to my legal debts, expenses for funeral, memorial, burial, and last illness, expenses of administration of the estate, any owed state and federal taxes, as well as any inheritance, estate, or other death taxes and associated interest and penalties. I authorize my personal representative to maintain real estate as needed, and complete improvements if needed for the sale of the real property. I authorize my personal representative to pay as an expense of the estate the cost of selling, advertising for sale, packing, shipping, and insuring any property of the estate.

ARTICLE 3.

SPECIFIC GIFTS

I give the following gifts from my estate:

Personal Property.

Initials _____

I give a gift of my Lenox Federal Platinum china set to FirstName LastName, with a current address of 222 Street Address, City, Washington 12345.

I give a gift of my Reed & Barton silverware and chest to FirstName LastName, with a current address of 333 Street Address, City, Washington 12345.

I give a gift of my Ping golf club set to FirstName LastName, with a current address of 444 Street Address, City, Washington 12345.

Monetary Gifts.

I give a gift of \$5,000.00 to FirstName LastName, with a current address of 555 Street Address, City, Washington 12345. If FirstName LastName does not survive me, I give this gift to FirstName LastName, with a current address of 666 Street Address, City, Washington 12345.

Charitable Bequests.

I give a gift of \$10,000.00 to Charity, a nonprofit organization with an address of 777 Street Address, City, Washington 12345.

If any named charity organization does not exist at the time of my death, or if such organization is not at that time an organization described in the Internal Revenue Code section 2055, the gift to said organization will lapse and the personal representative shall distribute that gift to an organization identified by the Personal Representative with a similar purpose and function that then exists and is described in the Internal Revenue Code section 2055.

Tangible Personal Property List.

I may draft a tangible personal property list in which I may dispose of items of tangible personal property, excluding cash. This list will describe the items and recipients with reasonable certainty and will be signed and dated by me and stored with this will. I may change or update this list at any time after the execution of this will, and only the latest writing will be effective at the time of my death. Should no such writing be discovered after 30 days from my death, I direct that my tangible personal property shall become a part of my residuary estate to be given to the beneficiaries named herein.

Real Estate.

I give the real property located at 999 Street Address, City, State, ZIP to FirstName LastName, with a current address of 222 Street Address, City, Washington 12345. If FirstName LastName does not survive me, I give this gift to FirstName LastName, with a current address of 333 Street Address, City, Washington 12345. This gift includes all interests in property, including buildings, fixtures, and improvements to the property, including all real property contiguous to or used in connection with such property, whether evidenced by deed or otherwise, and including all insurance policies related to it. This gift is subject to any mortgage on the property existing at the time of my death.

Pets.

I give to FirstName LastName, with a current address of 222 Street Name, City, Washington 12345, any pet(s) I own at the time of my death, along with the sum of \$6,000.00, to provide for the care of my pet(s). If FirstName LastName is unwilling or unable to take my pet(s), I give to FirstName LastName, with a current address of 333 Street Address, City, Washington 12345, my

pet(s) along with the money. If none of my nominees are able or willing to take my pet(s), then the Personal Representative shall find a suitable home for them.

If any of these beneficiaries do not survive me, then any property they would have received shall lapse and become part of the residuary estate. The cost of packing, shipping, and/or delivering the above gifts shall be paid out of the residuary estate.

ARTICLE 4.

RESIDUARY ESTATE

I give my entire residue and remainder of my estate as follows:

To FirstName LastName, if they survive me. If FirstName LastName does not survive me, I give, devise, and bequeath the same to my children, in equal shares.

All gifts of the residuary estate are given per stirpes. However, if a beneficiary predeceases me and does not have any children, that beneficiary's gift will be distributed pro rata to the remaining beneficiaries who survive me.

If any property cannot be reasonably distributed, sold, or donated, my personal representative may dispose of such property at their sole discretion without liability.

ARTICLE 5.

PERSONAL REPRESENTATIVE

Personal Representative. I appoint FirstName LastName, with a current address of 555 Street Address, City, Washington 12345, to be the personal representative of my will and estate. They can be currently reached at (555) 555-5555 or name@email.com.

If they are unable or unwilling to serve for any reason, I appoint FirstName LastName, with a current address of 555 Street Address, City, Washington 12345. They can currently be reached at (555) 555-5555 or name@email.com. Unless removed for cause, the last personal representative in office shall have the right to appoint their successor personal representative subject to court approval.

Bond. There shall be no requirement to post bond or security.

Reimbursement and Compensation. My personal representative shall be entitled to reimbursement for out-of-pocket expenses incurred in the administration of my estate, as well as reasonable compensation for time spent on the administration of my estate.

Powers of Personal Representative. In addition to all the powers given to them by state law, I authorize my personal representative to perform any act in the best interest of my estate, including:

- To retain, sell, lease, or otherwise exercise authority over any real estate in my estate, and to sell without license of the probate court;

Initials _____

- To employ lawyers, accountants, and other professionals as my personal representative may find necessary, and to pay professional fees as an expense of administration;
- To otherwise have the same power over the title to property of the estate that an absolute owner would have, in trust however, for the benefit of the creditors and others interested in the estate, and to exercise that power without notice, hearing, or order of the court;
- To serve as custodian under any applicable Uniform Gifts to Minors Act; and
- To access and otherwise exercise authority over my digital assets in accordance with state law including email, social media, or other online accounts, for the purpose of settling my estate and permanently closing the accounts on my behalf.

**ARTICLE 6.
GUARDIAN DESIGNATIONS**

Guardian. At the time of my death, if my children are under the legal age of majority and it is necessary to designate custody of my children during their minority, I appoint FirstName LastName, with a current address of 777 Street Address, City, Washington 12345 to be granted custody of my children and to serve as guardian of my children. They can currently be reached at (555) 555-5555 or name@email.com.

If they are unable or unwilling to serve for any reason, I appoint FirstName LastName, with a current address of 888 Street Address, City, Washington 12345. They can currently be reached at (555) 555-5555 or name@email.com. The last appointed guardian shall have the right to appoint their successor guardian.

Bond. There shall be no requirement to post bond or security.

**ARTICLE 7.
DEFINITIONS AND GENERAL PROVISIONS**

Definitions. As used in this will, these words have the following meanings:

- **By Representation.** “Representation” refers to a method of determining distribution in which the takers are in unequal degrees of kinship with respect to a decedent, and is accomplished as follows: After first determining who, of those entitled to share in the estate, are in the nearest degree of kinship, the estate is divided into equal shares, the number of shares being the sum of the number of persons who survive the decedent who are in the nearest degree of kinship and the number of persons in the same degree of kinship who died before the decedent but who left issue surviving the decedent; each share of a deceased person in the nearest degree must be divided among those of the deceased person's issue who survive the decedent and have no ancestor then living who is in the line of relationship between them and the decedent, those more remote in degree taking together the share which their ancestor would have taken had he or she survived the decedent.

- **Descendants.** Except as provided in Article I of this will, references to “descendant” or “descendants” mean lineal blood descendants of the ancestor designated and shall include descendants who have been conceived, at any specific point in time and who survived birth; and further shall include both a person legally adopted when a minor and a minor person in the process of being adopted by my descendant.

Advancements. Any gifts of real or personal property which I shall have made during my life, before or after the execution of this will, to any person, shall not be deemed to be advancements and shall not be taken into account in settling my estate.

Simultaneous Death. If any beneficiary and I die from a common disaster or under such other circumstance where it is impossible to determine which of us died first, or if any beneficiary survives me but dies within 120 hours of my death, all my property passing to the beneficiary shall be disposed of as if the beneficiary had died before me.

Inventory and Accounting. No fiduciary will be required to file any inventory or accounting or other report with any court except as required by law. Nor will any fiduciary be required to audit or investigate the acts of any predecessor fiduciary or to make claims against them.

Apportionment of Estate Taxes. Any estate taxes shall be apportioned against the persons interested in the assets of my probate and non-probate estate. My personal representative shall seek reimbursement from said persons for their proportionate share of the estate taxes.

Binding Agreement. Any decision by my personal representative regarding any discretionary power in this instrument or provided by law shall be final and binding on all interested persons. Unless due to the personal representative’s own willful default or gross negligence, no personal representative will be liable for their own acts or omissions or those of any co-personal representative or personal representative preceding them.

Controlling Law. This will shall be governed by the laws of the state of Washington.

Severability. If any of the provisions of this will should be held invalid, the invalidity of such provisions shall not affect any of the other provisions hereof, it being my intention that each of the provisions shall be independent of the others.

Headings, Gender, Singular/Plural. The headings used are intended solely for reference and are not intended to be part of this will. Words of any gender shall include any other gender. Singular and plurals words shall be interchangeable.

I, FirstName LastName, the testator, sign my name to this instrument this _ day of _____, 20___, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Initials _____

FirstName LastName, Testator
111 Street Address, City, Washington 12345

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority, that the testator signs and executes this instrument as testator's will and that testator signs it willingly (or willingly directs another to sign for testator), and that each of us, in the presence and hearing of the testator, hereby signs this will as witness to the testator's signing, and that to the best of our knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness Signature

Printed Name of Witness

Witness Signature

Printed Name of Witness

State of _____

County of _____

Subscribed, sworn to and acknowledged before me by FirstName LastName, the testator, subscribed and sworn to before me by _____ and _____, witnesses, this _____ day of _____, A.D., 20____.

Initials _____

Signature

(Official capacity of officer)

Initials _____

MEMORANDUM OF SPECIFIC PERSONAL PROPERTY BEQUESTS

As Washington law allows for the disposition of specific tangible personal property by a separate writing, I hereby give the following gifts:

Item Description

Beneficiary and Current Address



FindLaw[®]

Legal Forms & Services

FirstName LastName

WASHINGTON HEALTH
CARE DIRECTIVE &
LIVING WILL

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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 Health Care Directive & Living Will in Washington

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

Option 1: Witnesses Only

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

Option 2: Notary Only

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

Notice: Some state laws require the principal to initial next to the instructions they have provided in order for that instruction to be effective. Review the state laws applicable to health care directives and living wills, review the document carefully, and initial where required by law.

Some state laws prohibit the designation of certain people as a health care agent. To avoid that result, you should review your state laws applicable to who can and cannot be a health care agent.

Some state laws prohibit certain people from being witnesses to a health care directive and living will. Review your state's laws on witness requirements for health care directives and living wills.

HEALTH CARE DIRECTIVE & LIVING WILL

FOR

FIRSTNAME LASTNAME

This document includes the following:

Directive instructing the withholding or withdrawal of life-sustaining treatment to guide those making health care decisions on my behalf in the event I am unable to communicate or make my health care decisions on my own.

Power of attorney for health care designating a health care agent to make my health care decisions based on these instructions if I am unable to speak or make them myself. If my wishes are unknown, my health care agent should act in my best interest.

HEALTH CARE DIRECTIVE

Directive made this __ day of _____, _____

I, FirstName LastName, having the capacity to make health care decisions, willfully, and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare that

(a) If at any time I should be diagnosed in writing to be in a terminal condition by the attending physician, or in a permanent unconscious condition by two physicians, and where the application of life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand by using this form that a terminal condition means an incurable and irreversible condition caused by injury, disease, or illness, that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying. I further understand in using this form that a permanent unconscious condition means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state.

(b) In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal. If another person is appointed to make these decisions for me, whether through a durable power of attorney or otherwise, I request that the person be guided by this directive and any other clear expressions of my desires.

(c) If I am diagnosed to be in a terminal condition or in a permanent unconscious condition (check one):

I DO want to have artificially provided nutrition and hydration.

I DO NOT want to have artificially provided nutrition and hydration.

(d) If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

(e) I understand the full import of this directive and I am emotionally and mentally capable to make the health care decisions contained in this directive.

(f) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add to or delete from this directive at any time and that any changes shall be consistent with Washington state law or federal constitutional law to be legally valid.

(g) It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid it is my wish that the remainder of my directive be implemented.

POWER OF ATTORNEY FOR HEALTH CARE

I, FirstName LastName, appoint the following individual as my health care agent to make health care decisions on my behalf if I become incapacitated and am unable to make or communicate health care decisions for myself:

Name: FirstName LastName
Relationship: Spouse
Address: 111 Street Address
 City, Washington 12345
Phone: (555) 555-5555
Email: name@email.com

If my first choice is not willing, able, or reasonably available, I name the following individual as my alternate health care agent to make health care decisions for me:

Name: FirstName LastName
Relationship: Son
Address: 222 Street Address
 City, Washington 12345
Phone: (555) 555-5555
Email: name@email.com

My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent. If I have not given health care instructions, then my agent must act in my best interest. Generally, my agent's authority includes the following:

- Access my health care information and communicate with my health care providers
- Consent or refuse to consent to care, treatment, service, or procedures
- Select or discharge health care providers
- Approve or disapprove proposed tests, surgical procedures, and medication
- Direct the provision, withholding, or withdrawal of life-prolonging treatment, including artificial nutrition and hydration and pain relief medication and treatment
- Make an anatomical gift following my death

Limitations on Health Care Agent's Authority: I do not wish to limit the authority of my health care agent at this time.

Additional Instructions: No blood transfusions.

SIGNATURES

This document must be signed and dated by me. It also must either be verified by two witnesses (Option 1) OR a notary public (Option 2). It must be signed and dated when it is witnessed or verified.

I, FirstName LastName, sign this directive voluntarily and declare I am capable of understanding the instructions I have given and the choices I have made therein. I understand that I may revoke this directive at any time prior to my incapacity.

My Signature: _____

Date signed: _____

If I cannot sign my name, I ask the below named person to sign for me.

In my presence on _____ (date), FirstName LastName (name) orally directed that I sign this document on his/her/their behalf. I certify the following:

- This acknowledgment is obtained in accordance with Revised Code of Washington § 64.08.100.

Signature: _____

Printed Name: _____

TWO WITNESSES (OPTION 1)

Witness One. In my presence on _____ (date), FirstName LastName (name) acknowledged his/her/their signature on this document or acknowledged that he/she/they authorized the person signing this document to sign on his/her/their behalf. I certify the following:

- I am not related to the principal by blood or marriage and not entitled to any portion of the estate of the principal upon principal's decease under any will of principal or codicil or by operation of law
- I am not the attending physician, an employee of the attending physician or a health facility in which the principal is a patient
- I do not have a claim against any portion of the estate of the principal upon the principal's decease
- I am not a home care provider for the principal nor care provider at an adult family home or long-term care facility in which the principal resides
- I am not related to the principal or agent by blood, marriage, or state registered domestic partnership

Witness One Signature: _____

Witness One Printed Name: _____

Witness One Address: _____

Witness One Phone: _____

Witness Two. In my presence on _____ (date), FirstName LastName (name) acknowledged his/her/their signature on this document or acknowledged that he/she/they authorized the person signing this document to sign on his/her/their behalf. I certify the following:

- I am not related to the principal by blood or marriage and not entitled to any portion of the estate of the principal upon principal's decease under any will of principal or codicil or by operation of law
- I am not the attending physician, an employee of the attending physician or a health facility in which the principal is a patient
- I do not have a claim against any portion of the estate of the principal upon the principal's decease
- I am not a home care provider for the principal nor care provider at an adult family home or long-term care facility in which the principal resides
- I am not related to the principal or agent by blood, marriage, or state registered domestic partnership

Witness Two Signature: _____

Witness Two Printed Name: _____

Witness Two Address: _____

Witness Two Phone: _____

OR

NOTARY PUBLIC (OPTION 2)

In my presence on _____ (date), FirstName LastName (name) acknowledged his/her/their signature on this document or acknowledged that he/she/they authorized the person signing this document to sign on his/her/their behalf.

Notary Public Signature: _____

Commission Expiration Date: _____



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Legal Forms & Services

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

I, FirstName LastName, 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 unable 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 agent 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

I grant my agent and any successor agent general authority to act for me with respect to the following subjects I have INITIALED as defined in the Uniform Power of Attorney Act RCW 11.125:

- _____ Real Property
- _____ Tangible Personal Property
- _____ Stocks, Bonds, and Financial Instruments
- _____ Banks and 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

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

Signature: _____
Date: _____
Name: _____
Address: _____

Witness 2 Acknowledgement

Signature: _____
Date: _____
Name: _____
Address: _____

Notary Acknowledgement

State of _____
County of _____

This document was acknowledged before me on _____ by FirstName
LastName.

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
6. 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 _____

I, _____, certify under penalty of perjury that FirstName LastName granted me authority as an agent or successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

(1) I am acting in good faith pursuant to the authority given under the power of attorney;

(2) The principal is alive and has not terminated, revoked, limited, or modified the power of attorney or my authority to act under the power of attorney; nor has the power of attorney or my authority to act under the power of attorney been terminated, revoked, limited, or modified by any other circumstances;

(3) When the power of attorney was signed, the principal was competent to execute it and was not under undue influence to sign;

(4) All events necessary to making the power of attorney effective have occurred;

(5) If I was married or a registered 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 of the marriage or domestic partnership or for legal separation;

(6) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(7) If I was named as a successor agent, the prior agent is no longer able or willing to serve, or the conditions stated in the power of attorney that cause me to become the acting agent have occurred; and

(8) Other:

(The rest of this page left intentionally blank)

SIGNATURE AND ACKNOWLEDGEMENT

Agent Acknowledgement:

Signature: _____

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

This document was acknowledged before me on _____, by
_____.

Signature of Notary: _____

My commission expires: _____

Authorization for Release of Health Care Information

This form authorizes the release of confidential information pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

I, FirstName LastName, authorize **(insert the name of a medical entity or health care provider)** _____ to release

(put a check mark \checkmark next to one of the three options below)

All my health information and medical records

My health information and medical records from **(insert start date)** _____
to **(insert end date)** _____

My health information and medical records as follows: **(describe how you would like the records released)**

to: **(insert name and address of recipient of this release)**

Name: _____

Address: _____

_____ (“Recipient”).

This authorization is valid

(put a check mark \checkmark next to one of the three options below)

from **(insert start date)** _____ to **(insert end date)** _____.

upon **(describe the event that would trigger the release of these records)**

_____.

effective immediately until revoked by me.

The purpose of this disclosure is at my request.

I understand the following:

- I am voluntarily authorizing the disclosure of the above information.

- Information in my medical records may include information about sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), mental health services, and alcohol and drug abuse treatment.
- I have the right to revoke this authorization at any time in writing.
- My revocation will not apply to any information that has already been released by following this authorization.
- Information disclosed to the Recipient may be disclosed by the Recipient and no longer be protected by Federal confidentiality rules.

FirstName LastName

Date

111 Street Address, City, Washington 12345