

NOTICE TO PERSON EXECUTING THIS DOCUMENT:

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS.

1. THIS DOCUMENT MAY PROVIDE THE PERSON YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT (AGENT) WITH BROAD POWERS TO MANAGE YOUR FINANCIAL AFFAIRS, INCLUDING THE AUTHORITY TO MANAGE, DISPOSE OF, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY; TO USE YOUR PROPERTY AS SECURITY IF YOUR AGENT BORROWS MONEY ON YOUR BEHALF; AND TO TAKE ACTIONS TO CARRY OUT YOUR ESTATE PLAN.

2. THIS DOCUMENT DOES AUTHORIZE YOUR AGENT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU.

3. THIS DOCUMENT DOES NOT GIVE YOUR AGENT THE POWER TO ACCEPT OR RECEIVE ANY OF YOUR PROPERTY, IN TRUST OR OTHERWISE, AS A GIFT, UNLESS YOU SPECIFICALLY AUTHORIZE THE AGENT TO ACCEPT OR RECEIVE A GIFT.

4. THESE POWERS WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT THEIR DURATION IN THIS DOCUMENT. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING YOUR SUBSEQUENT INCAPACITY UNLESS OTHERWISE LIMITED.

5. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME.

6. YOUR AGENT HAS NO DUTY TO ACT UNLESS YOU AND YOUR AGENT AGREE OTHERWISE IN WRITING.

**DURABLE POWER OF ATTORNEY FOR FINANCES AND HEALTH CARE
GIVEN BY**

TO

1. APPOINTMENTS: I, _____, (Principal) a resident of the State of Washington, hereby appoint _____ (first agent), of _____ (place) as my Attorney-In-Fact Agent for financial matters with full authority to make decisions on my behalf, manage all of my property, and conduct all of my affairs as authorized in this document. If _____ (first agent) is unable or unwilling to act as my Attorney-In-Fact Agent, I appoint _____ (back up agent) as my successor Attorney-In-Fact Agent for financial matters.

I, _____, (Principal) hereby appoint _____ (first agent) as my Attorney-In-Fact for all healthcare and medical decisions with full authority to make decisions on my behalf, manage all of my healthcare matters and conduct all management of my medical affairs in accordance with this document and the supplemental Healthcare Directive signed on _____ (date). If _____ (first agent) is unable or unwilling to act as my Healthcare Attorney-In-Fact, I appoint _____ (back up agent) as my successor Healthcare Attorney-In-Fact.

I expressly empower each of these agents to act independently despite being designated as co-agents. As per the requirements of RCW 11.25.110, I authorize both the financial agent and the healthcare agent to each act independently of each other.

2. REVOCATION AND AMENDMENT OF POWER OF ATTORNEY: I revoke all prior durable or general powers of attorney that I may have executed and I retain the right to revoke or amend this instrument and to substitute other persons in the Agent's place. Amendments to this instrument shall be made in writing by myself personally (not the Agent), attached to the original of this instrument and recorded in the same county or counties as the original if the original is recorded.

3. EFFECTIVENESS AND DURATION: This power of attorney shall become effective immediately.
 - 3.1 Durability: This durable power of attorney shall not be affected by my disability, incapacity or incompetency and will remain in effect to the extent permitted by Chapter 11.125 of the Revised Code of Washington or until it is revoked, notwithstanding any uncertainty as to whether I am dead or alive.
 - 3.2 Powers granted by paragraph 5.2 of this document regarding the Health Insurance Portability and Accountability Act (“HIPAA”) shall become effective immediately.
4. AUTHORITY: My Attorney-In-Fact shall have full power and authority to do anything as fully and effectively as I could do personally if I were competent. This power shall include, but not be limited by, the following:
 - 4.1 Disclaimer: The Attorney-In-Fact is authorized, in the Attorney-In-Fact’s discretion, to disclaim pursuant to Chapter 11.86 of the Revised Code of Washington all or any of the assets, property or interest to which I might otherwise be entitled as a beneficiary, as that term is defined in RCW 11.86.010. In so disclaiming, the Attorney-In-Fact may rely on the advice of my attorney regarding my estate-planning objectives if I have retained such an attorney and provided consent for sharing.
 - 4.2 Gift: The authority to make gifts of any property owned by me, whether outright or in trust, including gifts to my Attorney-In-Fact, provided such gifts effectuate my most current estate plan.
 - 4.3 Transfers to Trust: The authority to make transfers of my property, both real and personal, to any trust, provided such transfers effectuate my most current estate plan.
 - 4.4 Documents: The authority to make, amend, alter, or revoke any of my life insurance, annuity or other similar beneficiary designations, employee benefit plan beneficiary designations, trust agreements, registration of my securities in beneficiary form, payable on death or transfer on death beneficiary designations, designation of persons sharing joint tenancies with rights of survivorship with me in respect to any of my property, or any other provisions for non-probate transfer

at death contained in non-testamentary instruments described in RCW 11.02.091. However, such amendments or alterations must be made in my best interests and be necessary to enable me to qualify for medical assistance, or to better utilize estate tax planning strategies.

4.5 Additional: Further examples of the complete and general authority granted by this power of attorney are enumerated in Exhibit A.

4.6 Attorney-In-Fact's Post-Death Authority:

My Attorney-In-Fact is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains. Instructions for disposition of my remains can be found in the Disposition of Remains supplement document signed on _____ (date).

4.7 Funeral and Burial Care Authorization:

My Attorney-In-Fact is authorized and directed to plan my burial according to the instructions included in my supplemental Distribution of Remains Directions signed on _____ (date).. My Attorney-In-Fact may refer to the alternate Attorney-In-Fact for help with any burial related decisions. As directed in the Disposition of Remains Document, I request that my funeral and services be completed according to my specific instructions of my funeral planning documents.

4.8 Authority NOT granted: My Attorney-In-Fact shall NOT have the power to make, amend, alter, or revoke any of my wills, codicils, or community property agreements.

5. DELEGATION OF HEALTH CARE DECISIONS: I hereby grant to my healthcare Attorney-In-Fact full power and authority to make healthcare decisions to the same extent I myself could make, if not for my incapacity. In exercising this authority, first preference of my health care treatment shall be given to my desires set forth herein, second to those stated in my latest unrevoked Healthcare Directive supplement document signed on _____ (date), and finally to my best interests. These health care decisions include, but are not limited to, my desires concerning the obtaining, refusing, or withdrawing of life-sustaining care. The power and authority to make healthcare decisions shall include, but is not limited by, the following:

5.1 Attorney-In-Fact's Obligation:

- 5.1a. My healthcare Attorney-In-Fact shall make healthcare decisions for me in accordance with this power of attorney for health care, any instructions I give in this document and in the supplemental Healthcare Directive and my other wishes to the extent known to my Attorney-In-Fact. To the extent my wishes are unknown; my Attorney-In-Fact shall make healthcare decisions for me in accordance with what my Attorney-In-Fact determines to be in my best interest. In determining my best interest, my Attorney-In-Fact shall consider my personal values to the extent known to them. The instructions I give to my Attorney-In-Fact are guidelines to assist him/her in making the best medical decisions for me.
- 5.1b. The subject of unacceptable treatments is a complex one. Whether I would or would not want a particular medical intervention might depend on context. At some point, there might be a conflict between treatment instructions I have given and what my Attorney-In-Fact thinks best in circumstances that I could not have predicted. I trust that my Attorney-In-Fact will honor my goals and values.
- 5.1c. My Attorney-In-Fact shall provide a copy of this POA and my healthcare directive to any healthcare provider or facility that takes on responsibility for my care.

5.2 Access to Medical Records:

- 5.2a. I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of healthcare, including hospitals, to release all information contained in my medical records to my Attorney-In-Fact upon request. With respect to my Attorney-In-Fact only, I hereby waive all privileges attached to the physician-patient relationship and to any communication, verbal or written, including electronic communications, arising out of said relationship. My Attorney-In-Fact is authorized to request, receive, and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers, or other documents required to

obtain such information, and to disclose such information to such persons, organizations, or health care providers as my Attorney-In-Fact may designate.

- 5.2b. Health Insurance Portability and Accountability Act (“HIPAA”): I hereby authorize my Attorney-In-Fact to act as my “personal representative” as defined in 45 C.F.R. §164.502 (g), the regulations enacted pursuant to HIPAA, and as hereafter amended, for the purpose of authorizing the release of my complete health record as may be necessary in order to obtain for my benefit medical treatment or consultation. Regardless of any springing effect of the rest of this power of attorney, powers granted by this paragraph shall be effective immediately.
- 5.3 Employment Authorization: My Attorney-In-Fact is authorized to employ and discharge health care providers, including physicians, psychiatrists, dentists, nurses, and therapists, as my Attorney-In-Fact shall deem appropriate for my physical, mental, and emotional well-being. In addition, Attorney-In-Fact is authorized to pay reasonable fees and expenses for such services contracted.
- 5.4 Admission to Facilities: My Attorney-In-Fact is authorized to apply for my admission to a medical, nursing, residential, or similar facility, execute any consent or admission forms required by such facility, and enter into agreements for my care at such facility or elsewhere during my lifetime or for such lesser periods of time as my Attorney-In-Fact may designate. However, my Attorney-In-Fact is not authorized to arrange for my commitment to or placement in a mental health treatment facility, except pursuant to Chapter 71.05 of the Revised Code of Washington.
- 5.5 Consent to Procedures: My Attorney-In-Fact is authorized to consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition; but my Attorney-In-Fact is not authorized to arrange for or consent to (a) therapy or other procedures given for the purpose of inducing convulsions, (b) surgery solely for the purpose of psychosurgery, (c) sterilization, or **(d) sexual orientation or transgender conversion therapy**. The power to make healthcare decisions for me shall include

the power to give consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition.

- 5.6 Reserved Rights: Notwithstanding any provision herein to the contrary, I retain the right to make medical and other health care decisions for myself provided I am able to give informed consent with respect to a particular decision. In addition, no treatment may be given to me over my objection, so long as I can make an informed decision related to each particular medical need, and health care necessary to keep me alive may not be stopped if I object if I am in fact lacking capacity to make such a decision.
- 5.7 Withdrawal of Life-Sustaining Procedures: If I have executed a directive to physicians or other similar document expressing my intentions with respect to the use, continuation, or withdrawal of life-sustaining procedures, then I direct my Attorney-In-Fact to consent to the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care to keep me alive, including cardiopulmonary resuscitation, according to my wishes as stated in my supplemental Healthcare Directive signed on _____ (date).
- 5.8 Visitation Rights: The Attorney-In-Fact shall have the power to visit me in any hospital or similar facility in the same manner and to the same effect as if the Attorney-In-Fact were related to me by blood or marriage. Additionally, the Attorney-In-Fact shall have the power to grant and deny visitation rights to others.
6. NOMINATION OF CONSERVATOR OR GUARDIAN: If a conservator or guardian of my person needs to be appointed for me by a court, I nominate the **Financial Attorney-In-Fact** designated in this form. If that agent is not willing, able or reasonably available to act as conservator, I nominate the alternate Attorneys-In-Fact whom I have named, in the order designated.
- 6.1 **Cultural Competency: I request that should any Court appoint a Conservator or Guardian on my behalf, that the Court should also then appoint a Mediator of Issues to ensure the culturally competent management of my affairs with regards to my gender identity and/or sexual orientation.**
- 6.2 **For the care of the vulnerable adults or minor children for whom I am**

responsible, I nominate _____
to be Guardian for the below listed vulnerable adults or minor children for
whom I am responsible:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

6.3 For the care of the below listed pets, I nominate

_____ to act as the caregiver and guardian if
I am incapacitated. My pets are listed as follows:

Name: _____ Age: _____ Type of pet: _____

Name: _____ Age: _____ Type of pet: _____

Name: _____ Age: _____ Type of pet: _____

Name: _____ Age: _____ Type of pet: _____

7. SIGNATURE DIRECTIONS: In transacting business on my behalf, the Agent shall sign documents the following way: “_____”.

8. EXCLUSIONS: I am intentionally and explicitly excluding the following people from all decision making authority over my matters whether they be financial or health related. I explicitly exclude the following persons from having any power over my care or property.

8.1 The persons to be excluded from having any rights to act as my agents include the following:

Name: _____ Relation to me: _____

Name: _____ Relation to me: _____

Name: _____ Relation to me: _____

Name: _____ Relation to me: _____

Name: _____ Relation to me: _____

9. PERSONAL CARE DECISIONS: I direct that my Agent may authorize personal care on my behalf including, but not limited to, choice of residence, choice of clothing, receipt of my mail, care for my personal belongings, care for my pet, and all other decisions of a personal nature not included in the description of Financial or Healthcare Directives.

10. REIMBURSEMENT OF COSTS: My Attorney-In-Fact shall be entitled to reimbursement for all reasonable costs actually incurred and paid by my Attorney-In-Fact, including lodging and travel expenses, on my behalf under the authority granted in this instrument.
11. REVOCAION AND TERMINATION: This Power of Attorney shall be terminated by:
 - 11.1 A written notice mailed or delivered to my Attorney-In-Fact, and if this Power of Attorney has been recorded, by recording the written instrument of revocation in the office of the recorder or auditor of the place where the power was recorded. If a copy of that revocation is to be recorded as permitted by law, it shall be accompanied by my affidavit that a notice of revocation has been mailed or delivered to my Attorney-In-Fact; or
 - 11.2 A guardian of my person or estate after court approval of such revocation; or
 - 11.3 The filing, in a court of proper jurisdiction, of a petition, complaint, or other pleading for the separation or dissolution of our marriage if my Attorney-In-Fact was my spouse at the time I executed this document, or became my spouse at a later date; or
 - 11.4 My death upon actual knowledge or receipt of written notice by the Attorney-In-Fact.
12. ACCOUNTING: The Attorney-In-Fact shall keep accurate records of my financial affairs, including documentation of all transactions in which the Attorney-In-Fact is involved. Upon request, the Attorney-In-Fact shall be required to present such records to me, a successor Attorney-In-Fact, a guardian of my estate or person, or to the acting personal representative, administrator, or executor of my estate.
13. RELIANCE: Any person acting without negligence and in good faith in reasonable reliance on this power of attorney shall not incur any liability thereby. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs and personal representative. The length of time which has elapsed from the date of execution of this power of attorney shall not prevent a party from reasonably relying upon it.
14. RATIFICATION AND INDEMNITY: I hereby ratify all that my Attorney-In-Fact shall lawfully do or cause to be done by virtue of this document, and I shall hold harmless and indemnify my Attorney-In-Fact from all liability for acts done in good faith.

15. PARTIES BOUND: I declare that any act or thing lawfully done hereunder by my Attorney-In-Fact shall be binding on me, my heirs and devisees, my legal and personal representatives, and assigns.
16. SUCCESSOR AGENT LIMIT ON LIABILITY: No successor Agent shall be liable for any act, omission, or default of a prior Agent.
17. THIRD PARTY LIMITS ON LIABILITY: The Agent's signature under the authority granted in this Power of Attorney may be accepted by any third party as having the same force and effect that my signature would have if I were personally present and acting on my own behalf. Any third party from whom the Agent under this Power of Attorney may request information, records or other documents regarding my personal affairs may release and deliver all such request information, records and documents to the Agent. I hereby waive any privilege that may apply to the release of such information, records or documents but only to the extent necessary to authorize such release.
18. POWER OF ATTORNEY NOT AFFECTED BY PRINCIPAL'S INCAPACITATION: This power of attorney shall not be affected by my subsequent incapacity. I declare that I understand the importance of this durable power of attorney, recognize that the Agent is granted broad power to hold, administer, and control my assets, and recognizes that this durable power of attorney will become effective immediately on execution and will continue indefinitely until specifically revoked or terminated by my death.
19. APPLICABLE LAW: The laws of the State of Washington shall govern this Power of Attorney.
20. EFFECT OF COPY: A copy of this form has the same effect as the original.
21. SUGGESTED ATTORNEY: If any assistance is needed with matters regarding management of my financial or healthcare decisions, I encourage my agents to contact the attorneys of _____.

Signed on this _____ day of _____, 20____.

Principal Signature

EXHIBIT A OF THE DURABLE POWER OF ATTORNEY OF

Executed on: _____ (date).

1. To buy, receive, lease, accept, or otherwise acquire; to assign, sell, convey, mortgage, hypothecate, pledge, disclaim, quit claim or otherwise encumber or dispose of; to contract or agree for the acquisition, disposal or encumbrance of; or in any manner deal in and with any real or personal property whatsoever or any custody, possession, interest, or right therein, upon such terms as my said attorney-in-fact shall think proper.
2. To take, hold, possess, invest, lease, let, or otherwise manage any real or personal property or any interest therein; to eject, remove, or relieve tenants or other persons from and recover possession of such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the same or any part thereof.
3. To make, do, and transact all and every kind of business of whatsoever nature or kind, including the receipt, recovery, collection, payment, compromise, settlement, disclaimer, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, demands, debts, taxes, and obligations, which may now or hereafter be due, owing, or payable by me or to me.
4. To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, leases, mortgages, stock certificates, hypothecations, checks, notes, bonds, vouchers, receipts, and such other instruments in writing of whatever kind and nature as may be necessary, convenient, or proper in the circumstances.
5. To deposit and withdraw, in either my attorney-in-fact's name or my name or jointly in both our names, in or from any banking or financial institution any funds, negotiable paper, or moneys which may come into my said attorney-in-fact's hands as attorney-in-fact, or which I now or hereafter may have on deposit or to which I may be entitled.
6. To use any credit cards in my name, to make purchases, to sign charge slips on my behalf as may be required to use such credit cards, and to close my charge accounts and terminate my credit cards when the Agent considers such acts to be in my best interest.
7. To institute, prosecute, defend, compromise, arbitrate and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation in connection with my assets, liabilities and affairs.
8. To act as my attorney or proxy in respect to any stocks, shares, bonds, or other investments, rights or interests I may now or hereafter hold, whether for voting or transfer or the exercise of rights to subscribe for additional securities, or for any other purpose.
9. To engage and dismiss agents, counsel, and employees, and to appoint and remove at pleasure any substitute for my attorney-in-fact, all upon such terms as my attorney-in-fact shall think fit.
10. To execute vouchers in my behalf for any amounts properly payable to me by the United States, and to receive, endorse and collect the proceeds of checks payable to my order drawn on the Treasury of the United States.
11. To prepare, execute and file any tax return or document required by any federal or state government or taxing authority; to represent me as a taxpayer before any office of the Internal Revenue Service with respect to all Internal Revenue tax matters for any past or future tax periods; to receive confidential information and on my behalf to receive, endorse and collect checks in payment of any refund of Internal Revenue tax, penalties, or interest; to execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund; to execute consents extending the statutory period for assessment or collection of taxes; to execute any agreements under the Internal Revenue Code; and to delegate authority or substitute another representative.
12. To prepare, serve and file notices and proofs of death and take such other steps as my said attorney-in-fact shall deem necessary and proper to collect any amount which may now or hereafter be due, owing, or payable to me, upon any policies of insurance upon the life of any person or persons whomsoever; to select and exercise any option settlement available under the provisions of any such policies; and to give a full

- and complete acquittance to the insurer or insurers for any amounts so collected.
13. To have access to any safe deposit box, warehouse, depot, dock or other place of storage or safekeeping, governmental or private; to take possession, and order the removal and shipment, of anything there from; and to execute and deliver any release, voucher, receipt, shipping ticket, certificate, or other instrument necessary or convenient for such purpose.
 14. To establish, manage, collect on, and manage any Individual Retirement Accounts (IRAs) and employee benefits accounts that I may hold. The Agent shall have the power to designate and change beneficiaries with consideration to my desires.
 15. To apply for, receive, take possession of, manage and disburse for my best interest any and all benefits to which I may be entitled from any Social Security, welfare benefit, disability benefit, pension or retirement payment or any other benefit or disbursement owed to me.
 16. To represent me and my interests in all matters affecting insurance, the Franchise Tax Board, Medicare, Medicaid and Social Security.
 17. To access, use and control my digital devices, including desktops, laptops, tablets, peripherals, storage devices, mobiles telephones, smartphones, and any similar digital device that serves to access, modify, delete, control or transfer my digital accounts or assets;
 18. To access, modify, delete, control and transfer my digital accounts, including e-mail accounts, blogs, software licenses, social network accounts, social media accounts, file sharing and storage accounts, financial management accounts, domain registration accounts, domain name service accounts, web hosting accounts, tax preparation service accounts, online store accounts, and affiliated programs;
 19. To access, modify, delete, control and transfer my digital assets, including emails, blog posts, documents, images, audio, video, and other digital files, whether stored on a digital device or in a digital account.
 20. To perform any other act that in the opinion of the Agent ought to be done in conjunction with this power of attorney, of every kind and nature, as fully and effectively as I could do if personally present.