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How to Complete Your Washington Durable Power of Attorney

Durable Power of Attorney for Finances (Washington Uniform Power of Attorney Act, RCW 11.125)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. A Washington durable power of attorney names someone (your "agent") to handle your **property and financial matters**, and keeps working if you later become incapacitated. It does **not** cover health care.

1. **Name your agent (Page 1)**
   Enter your agent and up to two successor agents.
2. **Initial the powers (Pages 1–3)**
   Initial each general subject, or the line granting all. Powers like gifts, trusts, and community property agreements must each be initialed separately on Page 3. Initials must be handwritten in ink.
3. **Effective date and instructions (Page 4)**
   Choose immediate or upon incapacity. Washington requires a power of attorney to **state expressly** that it survives incapacity, and this form does.
4. **Sign before a notary or two witnesses (Pages 5–6)**
   We recommend the notary: under Washington law a notarized signature is **presumed genuine**, and banks accept it more readily. Bring a current, government-issued photo ID.

After It's Signed

- Give your agent the original or a copy. A copy has the same effect as the original.
- If your agent will sign real estate documents, the power of attorney should be recorded with the county auditor (Washington's recording office).
- For use in another country, the notarized document may need an apostille from the Washington Secretary of State. We can handle this for you.

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Qualified witnesses available for an additional fee.

Washington-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

DURABLE POWER OF ATTORNEY FOR FINANCES

(Washington Uniform Power of Attorney Act, RCW 11.125)

IMPORTANT INFORMATION. This power of attorney gives the person you name (your agent) authority over your property and money. It does **not** cover health care decisions. Choose someone you trust. Your agent must act in good faith, within the authority you grant, and in your best interest. You may revoke this power of attorney at any time while you have capacity. If you have questions, seek legal advice before signing.

1. PRINCIPAL. I,

Full legal name of principal

Date of birth

Address

2. AGENT. appoint the following person as my attorney-in-fact (agent):

Name of agent

Address

Telephone

If my agent dies, resigns, is removed, becomes incapacitated, or is otherwise unable or unwilling to serve, I appoint as successor agent(s), to serve one at a time in the order named:

First successor agent

Address

Telephone

Second successor agent

Address

Telephone

3. GENERAL AUTHORITY. I grant my agent general authority to act for me with respect to the following subjects, as described in RCW 11.125.250 through 11.125.390. (Initial each subject you grant, or initial the last line to grant all.)

☐ Real property

☐ Tangible personal property

☐ Stocks and bonds

☐ Commodities and options

☐ Banks and other financial institutions

Principal's initials: _____

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- ☐ Operation of an entity or business
- ☐ Insurance and annuities
- ☐ Estates, trusts, and other beneficial interests
- ☐ Claims and litigation
- ☐ Personal and family maintenance
- ☐ Benefits from governmental programs or civil or military service
- ☐ Retirement plans
- ☐ Taxes
- ☐ Digital assets
- ☐ **ALL OF THE SUBJECTS LISTED ABOVE**

Principal's initials: _____

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4. SPECIFIC AUTHORITY (OPTIONAL). Under RCW 11.125.240, my agent may do the following only if I have initialed it:

CAUTION: Granting any of these powers lets your agent take actions that could significantly reduce your property or change how it passes at your death. Initial only the powers you want to grant.

☐	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 this power of attorney
☐	Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
☐	Exercise fiduciary powers that I have authority to delegate
☐	Exercise any power of appointment in favor of anyone other than me
☐	Create, amend, or revoke a community property agreement
☐	Cause a trustee to make distributions of property held in trust under the same conditions that I could
☐	Make any other provisions for nonprobate transfer at death
☐	Disclaim or refuse an interest in property, including a power of appointment

Unless I state otherwise in the special instructions, an agent who is not my ancestor, spouse, state registered domestic partner, or descendant may not use my property to benefit the agent or a person to whom the agent owes an obligation of support.

Principal's initials: _____

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5. WHEN EFFECTIVE (initial one):

☐ This power of attorney is effective **immediately**.

☐ This power of attorney becomes effective **upon my incapacity**, as determined in a written statement by my attending physician or licensed health care provider.

6. DURABILITY. This power of attorney shall not be affected by disability of the principal, or lapse of time. It remains in effect until I revoke it or until my death.

7. SPECIAL INSTRUCTIONS (optional; for example, coagents, gift limits, or compensation):

8. NOMINATION OF GUARDIAN. If a court must appoint a guardian of my estate or person, I nominate my agent named above (or the first available successor agent).

9. RELIANCE AND COPIES. Any person may rely on this power of attorney or a copy of it unless that person knows it has terminated or is invalid. A photocopy or electronically transmitted copy has the same effect as the original. My agent is entitled to reimbursement of reasonable expenses and to reasonable compensation unless I state otherwise above.

Principal's initials: _____

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SIGNATURE OF PRINCIPAL

X _____ Date

Signature of principal

Printed name

Sign in ONE of two ways (RCW 11.125.050): before a **notary** (recommended, below), **or** before **two qualified witnesses** (next page). A notarized signature is **presumed genuine** under Washington law.

OPTION 1: NOTARY ACKNOWLEDGMENT (recommended)

STATE OF WASHINGTON)
) ss.
**COUNTY OF) **

This record was acknowledged before me on

(date) by (name of principal)

X _____

Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) My commission expires

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OPTION 2: WITNESSES

We, the undersigned witnesses, each declare that the principal signed this power of attorney in our presence (or acknowledged signing it to us), and that we signed as witnesses in the presence of the principal. Each of us is competent, is not a home care provider for the principal or a care provider at an adult family home or long-term care facility in which the principal resides, and is not related to the principal or the agent by blood, marriage, or state registered domestic partnership.

X _____ | | |
Witness 1 signature | Printed name | Date

Address

X _____ | | |
Witness 2 signature | Printed name | Date

Address

AGENT'S DUTIES (information for the agent)

1. Act in good faith, within the scope of authority granted, and in accordance with the principal's reasonable expectations to the extent actually known, and otherwise in the principal's best interest.
2. Act loyally, avoid conflicts of interest, act with care, competence, and diligence, and keep records of all receipts, disbursements, and transactions.
3. Sign as agent by writing the principal's name and then "by (your name), as attorney-in-fact" (or "as agent").
4. Stop acting if you learn the power of attorney has been revoked or terminated, including on the principal's death.

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