

Department of Health Services

This Power of Attorney for Finances form allows you to plan for future financial decision-making even if you are unable to make your own decisions. More information is available to assist you in filling out this form<sup>1</sup>. This form is not the answer for everyone. Only select someone you trust to be your agent. You may wish to consult with an attorney to explore other financial planning tools such as a Power of Attorney for Finances drafted by an attorney, or special accounts or trusts.

This is an important legal document. Do not sign it until you, and your chosen agent, understand the powers being granted. By signing this document, you are not giving up any powers or rights to control your finances or property. Instead, you are giving your

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**RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY**

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

**SIGNATURE AND ACKNOWLEDGMENT**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Your name printed \_\_\_\_\_

Your address: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This document was acknowledged before me on

Date \_\_\_\_\_ by name of principal \_\_\_\_\_

(Seal, if any)

Signature of notary \_\_\_\_\_

Name of notary (typed or printed) \_\_\_\_\_

My commission expires: \_\_\_\_\_

This document





*The following optional form may be used by an agent to certify*





## APPENDIX







(f) Conserve, invest, disburse, or use anything received for an authorized purpose.

(g) Transfer an interest of the

(f) Act as the principal's personal

