Your Life, Your Decisions:

Wills, Living Wills, Powers of Attorney and Standby Guardianships

AIDS Law Project of Pennsylvania

1211 Chestnut Street, Suite 600 Philadelphia, PA 19107 (215) 587-9377 www.aidslawpa.org

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Part I. Wills, Powers of Attorney, and Living Wills

Wills, living wills and powers of attorney are three important legal documents. They make sure that your clients' wishes for themselves and their belongings will be followed if they die or become too sick to speak for themselves. Without these documents, family and friends are often left not knowing what to do.

We know it is hard for people to think about these things. But many find that making these decisions not only helps their family and friends know what to do, but they also feel relieved by knowing that their wishes will be followed. It is important to write down our desires before we become too ill to do so. Putting it in writing is the best way of ensuring that our end-of-life wishes will be understood and respected when the time comes.

The following Q&As should answer many of your questions.

Q: Should I have a will?

A: Yes, especially if you own many things and want to distribute them to family members or friends, or have real estate, bank accounts, or other assets to be distributed. It is also a good idea if you think your family and friends will fight over your property or if you are afraid your family will not follow your wishes.

A will says who gets your assets after you die. Without a will, state law decides which relative gets your property. In Pennsylvania, a same sex partner is not legally entitled to get anything of yours after you die unless you name them in your will, even if you were legally married in another jurisdiction. If you have no relatives and no will, your property can go to the government.

You can also name somebody in your will to take care of your minor children (those under the age of 18) after you die. The person you name will not have the legal authority to raise your children unless a court approves of that person after you die. There are other legal options, such as standby guardianship, that may be better in some cases. [Note: Standby guardianship is discussed in Part II.]

Q: Should I make a will even if I don't own much property?

A: It is up to you. If you want to be sure of who gets your property (that is, everything you own), you probably should make a will. This is true even if your property has little monetary value. A will also helps your friends and family know what you want done with all your things.

Q: Do I need a lawyer to write my will?

A: Not in Pennsylvania. You can even handwrite your own will if you're of sound mind and 18 or older. But if you handwrite your own, you should: (1) name an executor, (2) name which persons or organizations you want to get your property, (3) sign it at the very end, and (4) have two witnesses 18 or older sign it.

Nevertheless, the best way to ensure your wishes are fulfilled is to use a lawyer to make sure you have a legally valid document.

Q: What is an executor?

A: An executor is the person who follows the instructions in your will. An executor gives your property to the people you name and sees that your debts are paid. That person also can be named in the will to receive your money or other property or belongings.

Q: What sorts of things do I need to decide when I make my will?

A: Simply put, you must decide who gets what. You can leave all of your belongings to one person, an organization, or you can divvy it up among many. Someone does not have to be related to you to be named in your will. If you are married when you die, however, your legal spouse may have an automatic right to a portion of your property even if you don't name him or her.

Q: Should I name a person to get my life insurance money?

A: If you have a life insurance policy, the money goes directly to the person you named, known as your "beneficiary." If no one is named, and it becomes part of the will, the money may be subject to taxes and claims by creditors. Check your paperwork and make sure you have named a beneficiary. If you can't find your policy, call your insurance agent or the insurance company.

Q: What if my name has been changed formally or informally?

A: Precision and accuracy are valuable in legal documents. At minimum, both your preferred name and legal name should be used if you have not legally changed your name, and your legal name and former name should be used if you have.

Q: What is a durable financial power of attorney?

A: A durable financial power of attorney is a document that gives another person of your choosing power over your financial affairs, such as paying bills, signing checks, spending money and doing your banking for you. This granting of power is "durable," meaning it lasts even if the person later becomes unable to make decisions.

If you have a bank account, check with your bank to see if it has a special power of attorney form. If you fill out the bank's form, it will make it much easier for the person you name as power of attorney to access your bank account.

You may name any adult as your power of attorney. The person does not have to be related to you. Just make sure you fully trust the person you name.

This is different from a health care power of attorney, which allows someone else to make health care decisions for you. [This is explained below.]

Q: If I have a power of attorney, do I still need a will?

A: Yes. A power of attorney is different from a will. The person you name in the power of attorney can act for you only while you are alive. If you want someone to act for you after you die, you must name an executor in your will.

Q: What is a living will?

A: In a living will, you state your wishes about artificial life-support and other end-of-life care. Your instructions in a living will take effect only if you become incompetent and you have an "end-stage medical condition" or are permanently unconscious.

You may choose someone to make decisions for you; that person is your "health care representative." You may also name alternates if the first person can't be reached or no longer wants to act for you.

Q: Can I cancel my living will?

A: Yes, you can cancel, or "revoke," a living will at any time and in any manner, even when the law would not recognize you as being "of sound mind."

All you have to do is tell your doctor or another health care provider that you are revoking your living will. You can also have someone else tell them if they witnessed firsthand what you said.

Q: What does incompetent mean?

A: Under the law, incompetent means: "unable to understand or make informed decisions about one's care – including being in a coma, or being awake but 'out of it' – or unable to express those decisions to health care workers, such as doctors and nurses."

Q: What does "end-stage medical condition" mean?

A: An end-stage medical condition is "an incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness that will result in death despite the introduction or continuation of medical treatment."

In other words, your illness has no cure and cannot be reversed, and you will pass away despite being treated or operated upon. Also, under the law, a doctor does not need to get a second opinion to diagnose you with an end-stage medical condition.

Q: What is a health care power of attorney?

A: In a health care power of attorney, you name a family member or other trusted person to make medical decisions for you. This person is known as your "health care agent."

Q: Can I "revoke" my health care power of attorney?

A: Yes, but the rules are different for revoking a health care power of attorney. You must be of sound mind, and you must do it in writing or personally tell your doctor, other health care provider, or your health care agent.

Q: What's the difference between a living will and a health care power of attorney?

A: The living will is limited to end-of-life decision-making; the health care power of attorney is not. Also, the living will becomes effective when there is a "triggering event" that is an end-stage medical condition; a health care power of

attorney, however, is effective as soon as it's signed.

Q: What is an advance health care directive?

A: An advance health care directive is a legal document stating your wishes for medical treatment. The document allows you to choose the kinds of medical care you want – or do not want – if you cannot speak for yourself. You can also choose someone who will speak for you if you are unable to do so.

For the directive to be valid, you must be of sound mind, 18 or older, and sign and date the written directive. Two people 18 or older must witness your signature.

When presented with an advance health care directive, health care providers are required to place a copy of it in your medical record.

There are two types of advance health care directives: living wills and health care powers of attorney.

Q: What happens if I don't have an advance health care directive?

A: If you don't have a living will or a health care power of attorney, you can appoint someone to make medical decisions for you by writing or personally telling your doctor. That person is called a "health care representative." This process is less formal than the appointment of a health care agent in an advance health care directive.

If you do not name anyone specifically as health care representative, the law states that medical decisions can be made for you by specific people as your health care representative. This is the list set by law that generally gives priority in the following order:

- (i) your spouse, unless an action for divorce is pending, and your adult children who are not the children of your spouse;
 - (ii) an adult child;
 - (iii) a parent;
 - (iv) an adult brother or sister;
 - (v) an adult grandchild;
- (vi) a close friend, meaning an adult who knows your preferences, including your religious and moral beliefs and other values, to figure out how you would make health care decisions for yourself.

Part II. Standby Guardianship

The Pennsylvania Standby Guardianship Law allows parents of children under 18 to plan their children's futures. *The term parent here includes biological parents, adoptive parents, custodial grandparents, or anyone else with legal custody of children.* Standby guardianship allows the naming of a guardian to take custody of a child or children when the parent becomes ill or dies.

Note: Standby guardianship is intended for making arrangements in the even t of illness or death. If you need other custody or family recognition legal services, talk to a family law lawyer.

Q: I am too sick to care for my children right now. I would like them to live with a friend or a relative. Can I do this?

A: If you think that you will get better soon, you can simply arrange with the friend or relative to take care of the children without having to go to court. This person may be able to get cash assistance from the government while he or she is taking care of your children.

You can name the friend or relative as the children's standby guardian. You do this by signing papers saying that you want the standby guardian to have guardianship over your children, but by doing so, you *do not lose any parental rights* to your children. You will have *shared custody* of your children with the standby guardian.

Note, however, *standby guardianship is intended for people who are the sole parent of a child.* You can name a standby guardian if your child's other parent is deceased; his/her parental rights have been terminated; whereabouts are unknown; or he/she is unwilling or unable to carry out day-to-day childcare decisions concerning the child or if he or she consents.

The law requires that the standby guardian provide you with frequent and continuing contact with the children and involve you in decision making for the children to the greatest extent possible. If you later change your mind, you can cancel the standby guardianship by doing so in writing.

The standby guardianship becomes effective upon a future "triggering event" that you specify – for example, the triggering event could be your admission to the hospital for inpatient treatment, or a period of disability when you cannot care for your children. If you are discharged from the hospital or recover, the standby guardianship ends. Within 60 days of the triggering event, the standby guardian must file with the court for approval to continue as the standby guardian.

Q: I am worried about what will happen to my children, so I have arranged with my sister to take care of them if I do. Do I need to sign some sort of legal paper to arrange this?

A: You can name your sister as standby guardian, and specify your death as a triggering event for the guardianship. If that happens, your sister would then have physical and legal custody of your children. She would need to go to the court

within 60 days to get approval of the court to continue as the children's guardian.

Also, you can name different standby guardians for different triggering events. For example, you could name a family friend as standby guardian if you're hospitalized, but you could name your sister as standby guardian if you die.

Q: Can I name someone in my will to take care of my children after I die?

A: Yes, you may name someone in your will. You can also name a standby guardian for your children in the event of your death. But either way, the person you name will not have legal authority to raise your children unless a court approves that person.

The standby guardian will have immediate physical and legal custody without the court approving her, but she'll have to go to court later (within 60 days) to get approval to continue as guardian.

Your standby guardian will need additional legal help to enforce your wishes, but courts favor the person who has been named standby guardian, particularly in situations where the sole surviving parent names the standby guardian or the other parent's parental rights have been terminated.

NO	TES:
	The following pages are templates and should be modified as necessary to reflect specific situations.

Samples of these documents are available upon request by emailing iinfo@LGBTEI.ORG

Last Will and Testament

of

I, ______, of Philadelphia, Pennsylvania, being of sound and disposing mind, memory and understanding, do hereby make, publish and declare the following for my last Will and Testament, hereby revoking and making void all Wills by me at any time heretofore made.

FIRST:

I direct that all estate, legacy, inheritance, succession, transfer, and other death taxes, and all interest and penalties with respect to those taxes, payable to any federal, state or foreign taxing authority, and imposed by reason of my death with respect to property passing under this will shall be paid out my residuary estate, as an expense of administration, without apportionment. All such taxes imposed with respect to property required to be included in my gross estate for purposes of such taxes and passing outside of this will shall be apportioned among the persons and entities benefited in the proportion that the taxable value of the property or interest bears to the total taxable value of the property and interests received by all persons benefited (the values as finally determined in the respective tax proceedings being the values to be used for the apportionment of the respective taxes) and my executor shall seek reimbursement for such taxes from the persons benefited to the fullest extent permitted by any applicable law.

SECOND:

If NAME survives me by thirty (30) days, I give, devise and bequeath to NAME my entire estate, whether real, personal, or mixed of every kind, nature and description whatsoever and wherever situated, including money in checking and savings accounts, and all articles of personal and household use including automobiles which I may now own or hereafter acquire, or have the right to dispose of at the time of my death, as by the power of appointment or otherwise.

THIRD:

If NAME should predecease me or fail to survive me by thirty (30) days, then his/her gift under Item SECOND above shall fail and I give, devise and bequeath my entire estate to NAME, if he/she survives me.

FOURTH: I appoint NAME as Executor of my Will. If NAME shall fail to act or continue to act as such, I appoint NAME in his or her place with the same powers and duties. No bond shall be required.

FIFTH: I direct that NAME be fully and solely in charge of the disposition of my remains pursuant to 20 PA C.S.A. §305. No bond shall be required. See attached Disposition of Remains Letter.

SIXTH: The omission in this my last Will and Testament of any provision for any biological relative or any other person is not due to oversight or neglect, but is based on my considered desire to benefit only the beneficiaries designated herein.

SEVENTH: Notwithstanding any and all of the other provisions of this my last Will and Testament, if any beneficiary shall object to the probate of this Will, or in any manner, directly or indirectly, contest or aid in the contest of this Will, any provisions hereof or any part of the estate hereunder, then he or she shall be deemed to have predeceased me for purposes of this Will and any provisions herein contained.

EIGHTH: In addition to powers granted by law, my Executor shall have the following powers, exercisable at his or her discretion from time to time, without court approval, with respect to both principal and income, and such powers shall continue until distribution is actually made under the terms hereof:

- A. <u>Sale and Lease</u> To sell at public or private sale, to exchange, to lease for any period of time, and to give options for the sale or lease of, any real or personal property.
- B. <u>Borrowing</u> To borrow or to lend money, to mortgage or to pledge any real or personal property.
- C. <u>Distribution</u> To make distributions, either in cash or in kind, or partly in either, and to make non pro rata distributions.
- D. <u>Advisors</u> To appoint, retain, remove and change investment and accounting advisors.
- E. <u>Disclaimer</u> To disclaim, in whole or in part, any interest which would otherwise have passed, by whatever means, to me.

	nsylvania, in the presence of the following witnesses, my request and in my presence.			
	TESTATOR			
ATTES	STATION CLAUSE			
On the date above written, CLIENT, well known to us declared to us and in our presence that this instrument consisting of 4 pages, is his last Will and Testament, and at CLIENT's request we now sign this Will as witnesses in each other's presence. Further that CLIENT appeared to us to be of sound mind and lawful age and under no undue influence.				
Witness	Witness			
Address	Address			
Printed Name	Printed Name			

STATE OF PENNSYLVANIA		
COUNTY OF PHILADELPHIA	:	
We,	, and	, the
(Testator/Testatrix) and the witnes Will, being first duly sworn, do he (Testator/Testatrix) signed and expresence and hearing of the witnes act for the purposes therein express of the (Testator/Testatrix) and each	ses, respectively, whose names are reby declare to the undersigned authecuted the foregoing instrument as eses and that (she/he) executed it as sed, and that each of the witnesses, nother, signed the Will as witness at was at that time eighteen years of	signed to the foregoing nority that the (her/his last) Will in the (her/his free) and voluntary in the presence and hearing and that to the best of their
		(Testator/Testatrix)
		Witness
		Witness
Subscribed, sworn to and acknowle	edged before me by	, the
Testator/Testatrix, and subscribed	and sworn to before me by	and
	, witnesses, this day of _	, 20
		Notary Public
		County/State

Prepared by: AIDS Law Project of Pennsylvania 1211 Chestnut Street, Ste. 600 Philadelphia, PA 19107 (215) 587-9377

Letter of Instruction for Disposition of Remains of

By this letter, written this day of, 20, I
of Philadelphia, Pennsylvania hereby specify the procedures which I want followed for my
final services and disposition of my remains pursuant to 20 PA. C.S.A. §305:
First, I direct that my partner, of, Philadelphia, PA
(215), be fully and solely in charge of the disposition of my remains. No bond shall
be required. I also desire that any supplemental arrangements not specified herein should
be made by him/her;
And
Second, I direct that dispose of my remains by making sure that I am
cremated.
Declarant
Date: 20

Living Will

of

I direct that I be given health care treatment to relieve pain or provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing or be habit forming.

I appoint the following Health Care Agent to make treatment decisions on my behalf including decisions to initiate, continue or withdraw life-sustaining treatment and fluids and nutrition. My Health Care Agent shall give priority to my treatment instructions set forth above and may also consider as necessary and appropriate evidence of my values, preferences and goals. If this Living Will in conjunction with other evidence of my wishes is not specific to my medical condition and treatment alternatives, then my Health Care Agent shall exercise reasonable judgment to affect my wishes, giving full weight to the terms and spirit of this Living Will and other evidence of my wishes.

Name, address and phone number(s) for Health Care Agent:
If my Health Care Agent is not readily available or if my Health Care Agent is my spouse and an action for divorce is filed by either of us after the date of this document, I appoint the person or persons named below in the order named:
Name, address and phone number(s) of First Alternative Health Care Agent
Name, address and phone number(s) of Second Alternative Health Care Agent

I understand that I may revoke this Living Will at any time and in any manner without regard to my mental or physical condition. This revocation shall be effective when I communicate it to my attending physician, other health care provider, or a witness to the revocation.

Pennsylvania law protects my Health Care Agent and health care providers from any legal liability for their good faith actions in following my wishes as expressed in this form or in complying with my Health Care Agent's direction.

the presence of the witnesses w		hree (3) pages, I have signed it, in this
		Pennsylvania.
Signature		_
	, in my prese	ence, signed this declaration. I
declarant by blood or marriage, according to the laws of intestat medical care. I am not the declarance	have no claim against any porte, nor am I directly financially arant's attending physician, an	•
Witness Signature	Address	
Witness Signature	Address	
Witness Signature	Address	

DURABLE HEALTH CARE POWER OF ATTORNEY

1.	In accor	dance with t	the Pennsylvania Health Care Agents and Representatives.	Act, I,
	of	of	County, Pennsylvania, appoint the person named below	v to be
my	Health Care	e Agent to ma	nake health and personal care decisions for me.	
Nai	ne of Healtl	n Care Agent	t	
Ado	dress of Hea	lth Care Age	ent:	
Tel	ephone Nur	nber of Heal	ılth Care Agent:	

- 2. **HIPAA Release Authority.** Effective immediately and continuously until my death or revocation by a writing signed by me, I authorize all health care providers or other covered entities to disclose to my Health Care Agent, upon my Agent's request, any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and what is otherwise private, privileged, protected or personal health information, such as health information as defined and described in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936), the regulations promulgated thereunder and any other State or local laws and rules. Information disclosed by a health care provider or other covered entity may be redisclosed and may no longer be subject to the privacy rules provided by 45 C.F.R. Pt. 164.
- 3. This power of attorney is specifically limited to health care decisions. My Health Care Agent is appointed to exercise any health care power or take any action in regard to the care of my health as I could do myself, which my agent, in my agent's sole discretion believes to be in my best interest, including but not limited to the following powers and actions:
 - (a) to take charge of my person in case of illness or disability of any kind;
 - (b) to authorize my admission to or discharge from a medical, nursing, residential or similar facility and to make agreements for my care, including hospice and/or palliative care;
 - (c) to consent to surgical or other medical procedures;
 - (d) to remove and place me in such institutions or places as my agent may deem best for my personal care, comfort, benefit and safety after giving consideration to any wishes I have previously expressed on this subject;
 - (e) to be given full rights to visit me during my period of in-patient care as though my agent were a member of my immediate family, and to be given the full right to receive me into my agent's care and custody upon discharge;
 - (f) to be provided access to my confidential medical records and information pertaining to my medical condition;
 - (g) to be given full right to consult with my attending physician or other health care providers;

- (h) to execute on my behalf any waiver or release from liability required by a hospital or physician where necessary to implement the health care decisions that my agent is authorized by this power of attorney to make;
- (i) to receive into my agent's possession property and effects which may be recovered from my person by any hospital, police agency, or any other person at the time of my illness, disability, or death.
- (j) to authorize, withhold or withdraw medical care and surgical procedures.
- (k) to hire and fire medical, social service and other support personnel responsible for my care.
- (l) to take any legal action necessary to do what I have directed.
- 4. If, after execution of this power of attorney, should any incompetency proceedings be commenced regarding my person, I hereby nominate my Health Care Agent as the guardian of my person, and I direct that the appointment by any court of any guardian shall be in accordance with this nomination.
- 5. If my Health Care Agent is not readily available or if my Health Care Agent is my spouse and an action for divorce is filed by either of us after the date of this document, I appoint the person or persons named below in the order named:

Name, address and phone number (s	s) of Alternative Health Care Agent
Name address and phone number(e	s) of Second Alternative Health Care Agent
Name, address and phone number (s	s) of Second Afternative Health Care Agent

6.

I understand that I may revoke this health care power of attorney in a writing

signed by me and two witnesses or by personally communicating the revocation to my

attending physician, health care provider or health care agent.

IN WITNESS WH Attorney, consisting of the	_	ed my name to this Health Care Power of
(3) pages on this	day of	, 2 xxx in Philadelphia, Pennsylvania
Printed Na	ame	
Signature		
Witness Signature	Address	
Witness Signature	Address	

NOTICE IN ACCORDANCE WITH 20 PA C.S. 5601

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA. C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Principal	
Date	

DURABLE FINANCIAL POWER OF ATTORNEY

This Durable Financial Power of Attorney shall be immediately effective and once effective, shall continue and not be invalidated by any mental or physical incapacity, disability or incompetence which may affect the Principal.

A photocopy of this Durable Financial Power of Attorney shall be deemed to be an original and that any person shall be authorized to act upon such a copy as if it were an original.

I,	of,	, do hereby
appoint	of,	, as my agent for me
and on my behalf to exerci	ise any power or take any act	ion as fully and as completely as I could
do myself, which my agen	t in my agent's sole discretio	n believes to be in my best interest,
including, without being li	mited to, the powers and acti	ons hereinafter described:

- 1. To have access to my safe deposit box;
- 2. To draw checks against any bank account in my name; to make deposits or withdrawals and to transfer funds from one account to another; to open and close bank accounts and to sign signature cards and any other document required for such purposes;
- 3. To pay my bills and other financial obligations and to collect moneys owed to me;
- 4. To forward or redirect my mail;
- 5. To borrow money for me for any purpose, including the acquiring of United States Treasury securities redeemable at par for federal estate tax purposes, or to lend my money on such terms and with such security, if any, as my attorney deems advisable;

- 6. To manage, lease, sell or transfer any real estate, upon such terms and for such prices as my attorney deems advisable;
- 7. To sell, transfer or purchase shares of stock, bonds, securities, mortgages, automobiles and tangible personal property upon such terms and for such prices as my attorney deems advisable:
- 8. To invest, reinvest and keep invested or un-invested without liability moneys and assets belonging to me in such stocks, bonds and other instruments of indebtedness and investment, including without limitation United States Treasury securities redeemable at par for federal estate tax purposes, as my attorney deems advisable;
- 9. To make application for registration of any automobile that I own, and to purchase in my name insurance covering the ownership and operation of any automobile;
- 10. To vote, appoint or revoke proxies, execute any waiver of consent, attend any meeting, and otherwise to act without restriction on my behalf in connection with any stock, security, membership, proprietary, or other rights which I may have in the corporation, association, partnership, business trust, joint venture or other entity; To commence, prosecute, defend, settle or compromise any claim, suit, action, or other proceeding at law or in equity as my attorney deems advisable and for these purposes to employ counsel;
- 11. To create and execute legal documents on my behalf, including without limitation the exercise of options, elections under or against wills and trusts, releases, disclaimers and renunciations of interests, property and powers, contracts, and revocable or irrevocable trusts for my benefit, and to fund such trusts with property belonging to me;
- 12. To engage in retirement plan transactions to include contributions, withdrawal, deposits in any type of retirement plan (including, but not limited to, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and retirement plan, deferred compensation plan or individual retirement account), select and change payment options for the principal, make roll-over contributions from any retirement plan to other retirement plans and, in general, exercise all powers with respect to retirement plans that the principal could if present. However, the agent cannot designate herself beneficiary of a retirement plan unless the agent is named as a beneficiary in the estate planning documents of the principal, or is the spouse, child, grandchild, parent, brother or sister of the principal. An agent and a beneficiary of a retirement plan shall be liable as equity and justice may require to the extent that, as determined by the court, a beneficiary designation made by the agent is inconsistent with the known or probable intent of the principal;
- 13. To appear for me and to execute full powers of attorney for others to appear for me before the Treasury Department of the United States and any state or municipal authorities, in all matters pertaining to federal, state or local taxes; to examine records and receive confidential information and communications with reference to such taxes; to execute income, gift and other tax returns, and declarations of estimated tax, waivers, claims for refunds, agreements or settlement or compromise, and consents extending the statutory period for assessment or collection of taxes; to make any and all elections afforded a taxpayer with respect to the filing of returns; and for these purposes to employ counsel and accountants;

- 14. To act on my behalf to take any action or actions necessary to pursue and appeal any denials of Medicare coverage which have been issued by any health care facility or institution regarding my eligibility for Medicare benefits;
- 15. To exercise any rights which I have with respect to any policies of insurance on my life of which I am the owner or in which I have any rights, including but not limited to the following: the right to cancel and/or surrender the policy and to receive the cash value; the right to borrow all or part of the cash value; the right to convert the policy to a paid-up status; and the right to exercise any settlement options;
- 16. To make such gifts of my property to others as I may from time to time direct; To make such gifts of my property to such one or more of my spouse and issue and charities in such form and amounts as my attorney believes would be in accordance with my wishes; To make such gifts of my property to such persons and in such form and amounts as my agent believes would be in accordance with my wishes; To make such gifts of my property to such persons and in such form and amounts as my agent in my agent's sole discretion believes are in my best interests;
- 17. To request and authorize changes in the mode of payments of premiums of any policy of insurance on my life or property; to execute premium extension agreements; to receive and receipt for any dividends due or to become due under said policies; to request, authorize, and obtain loans on said policies; to execute necessary loan documents to keep said policies in force; to execute all necessary documents to obtain loans against said policies and/or to obtain the cash surrender values of said policies; and however, the agent cannot designate herself or herself beneficiary of a life insurance policy unless the agent is named as a beneficiary in the estate planning documents of the principal or is the spouse, child, grandchild, parent, brother or sister of the principal. An agent and a beneficiary of a life insurance policy shall be liable as equity and justice may require to the extent that, as determined by the court, a beneficiary designation made by the agent is inconsistent with the known or probable intent of the principal;
- 18. With respect to any trusts created by me or for my benefit, to withdraw and receive the income or corpus of such trust or trusts;
- 19. To make unlimited gifts, outright or in trust, within the annual gift tax exclusion of the Internal Revenue Code, as amended, as well as any gift tax exclusion for medical and tuition expenses, OR in such amounts as my Agent may decide including such gifts which will serve to accelerate eligibility for government benefits such as Supplemental Security Income and Medical Assistance to those individuals or organizations named in my last Will and Testament or with whom I have an established pattern of giving;
- 20. To create a trust for my benefit to be funded by property belonging to me or to make additions to any existing trust for my benefit;
- 21. To claim an elective share of the estate of my deceased spouse, to disclaim any interest in property under any testamentary disposition or any other transfers to me and to renounce fiduciary positions.
- 22. To have all powers which may be necessary or desirable to provide for my support or maintenance, even if these powers are not specifically set forth in this document.
 - I hereby ratify and confirm all that my agent shall do by virtue of this power of attorney.

day of	, 20
Principal	
Witness	Witness
Signature	Signature
Address	Address
Sworn or affirmed to and subscribed to b	before me by, the
Principal, and sworn and subscribed to bwitnesses, th	
(Seal)	Notary Public