



Durable Power of Attorney Documents

持久性授權書

什麼是授權書？

授權書可以讓您選擇一個信任的朋友或親戚，幫助您做出財務和/或醫療保健決定。您簽字之後，您所選擇的值得信任的人士將向您的醫療提供者、銀行、學校和其他地方提供您簽發了的授權書，以便為您作出決定和簽署合同，就像他或她是您本人一樣。

您的“代理人”是您所選擇的幫助您做出財務和/或醫療保健決策的、值得信賴的朋友或親戚。

我是否需要在公證人面前簽署我的文件？

您應該在公證人面前簽署您的持久授權書文件。如果找不到公證人，您可以在兩個“無利益關係”的證人面前簽名，但公證是首選，特別是如果您簽署了持久性財務授權書。

在簽字之後我應該怎樣處理我的授權書？

簽署文件後，請複印兩份。將原文檔提供給您的代理，將一份副本提供給您的後備代理人，並為您自己保留第二份副本。

我可以更改我的授權書文件並選擇新的代理人嗎？

您可以隨時向您的代理人發出書面通知，您撤銷（取消）您的授權書文件。該套文件包括“撤銷通知”的樣本。您也可以將書面通知的副本提供給您的醫療提供者、銀行、學校和其他可能接受舊授權書的地方。

如果我需要法律幫助，我該怎麼辦？

如果您住在金郡以外，請於星期一至星期五上午 9:10 至下午 12:25 致電 CLEAR 熱線（1-888-201-1014）。您也可以上網申請幫助 <http://nwjustice.org/get-legal-help>。

如果您住在金郡，請於周一至週五上午 8:00 至下午 6:00 致電 211，以獲取信息及轉介給法律服務提供者。您亦可以上網 www.resourcehouse.com/win211/ 以尋找更多信息。

耳聾和聽力障礙者可致電 1-800-833-6384 或 711，以獲取免費接綫員的幫助。免費接綫員將會幫你連接 211 或 CLEAR。

網站 WashingtonLawHelp.org 提供免費的法律教育出版物、視頻和涉及許多法律問題的自助文件套。

該出版刊物提供關於您權利和責任的一般資訊，沒有意圖取代特定之法律諮詢。
僅許可平等司法聯盟及個人用於非商業性複印和發行。

Durable Power of Attorney for Finances
For
關於以下人士財務的
持久授權書

[My Name]/ [我的姓名]

1. **Agent.** I choose _____ as my Agent with full authority to manage my finances.
代理人。 我選擇 _____ 做我的代理人，其有完全的權力來管理我的財務。

2. **Alternate.** If _____ is unable or unwilling to act, I choose _____ as my Agent with full authority to manage my finances.
後備代理人。 如果代理人 _____ 無法或不願意採取行動，我選擇 _____ 為我的後備代理人，有完全的權力管理我的財務。

3. **My Rights.** I keep the right to make financial decisions for myself as long as I am capable.
我的權利。 祇要我有能力，我保留為自己做財務決定的權力。

4. **Durable.** My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
持久性。 我的代理人可以使用這份授權書所授予之權力來管理我的財務，即使我生病或受傷，不能為自己做決定。本授權書不應該因受我的殘疾而受影響。

5. **Start Date.** This power of attorney document is effective: (check one)
開始日期。 該授權書有效：（選以下一項）
 Immediately.
立即。
 Only if my medical provider signs a letter saying I cannot make decisions for myself.
祇有當我的醫務人員簽署一封信，說我不能為自己做決定之時。

6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
結束日期。 一旦我撤銷了這份授權書，或者我過世了，該授權書將結束無效。如果我的配偶或家庭伴侶是我的代理人，在我們當中的任何一位在法庭提出離婚時，這份授權書即結束無效。

7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.

撤銷。 我撤銷了我過去簽署過的任何財務授權書。我知道我可以隨時通過書面方式，通知我的代理人撤銷這份授權書。

8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)

權力。 我的代理人有完全的權力和權利，可以完全和有效地做任何事情，正如我可以做我自己的一樣，包括了但不限於在任何金融機構以我的名義存款和付款，打開在我名下的任何保險箱，並從中取出物品；將股票，債券或其他證券出售、交換或轉讓；以及出售、轉讓或抵押任何地產或個人財產。我的代理還應該有以下**特權**：（請選擇所有適用的）

- create, amend, revoke, or terminate a living trust
建立、修改、撤銷或終止生前信託書
- make gifts of my money or property
將我的錢或財產作為禮物饋贈出去
- create or change my rights of survivorship
建立或改變我給生存者遺產的委托書
- create or change my beneficiary designation(s)
建立或更改我指定的受益人
- delegate some authority granted in this document to someone else
將本文檔中授予的某些權限委託給其他人
- waive my right to be the beneficiary of an annuity or retirement plan
放棄我作為年金或退休金受益人的權利
- create, amend, revoke, or terminate my community property agreement
建立、修改、撤銷或終止我的共同財產協議
- tell a trustee to make distributions from a trust just as I could
告訴受託人，他可以做我能夠做的一樣，按信託進行分配

- 9 **No Power to Agree to Pre-Dispute Binding Arbitration.** My Agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

無權力同意有約束力的爭議前仲裁。 我的代理人沒有權力同意爭議前有約束力的仲裁，或涉及我個人或財產的任何其他程序，其限制我獲得陪審團審訊、起訴賠償或參加集體訴訟的權力。

- 10 **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.

賬目。我的代理人應該保存我財務的準確記錄，並根據我的請求向我出示這些記錄。

- 11 **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.

監護人提名。 如果監護訴訟成為必需程序，我提名我的代理人作為我個人的監護人，供法院考慮。

- 12 **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

醫療保險可攜帶性和責任法案（HIPAA）的發佈。 我授權我的醫療保健提供者將所有受1996年醫療保險可攜帶性和責任法案（HIPAA）管轄的信息發給我的代理。

My Signature（我的簽名）

Date（日期）

Notarization/公證

State of Washington/華盛頓州

County of /城市 _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

我保證，我知道或有令人滿意的證據表明，_____ 是在我面前簽名的人，並承認此簽名是為本文件中提及內容而自主自願地進行的。

SUBSCRIBED and SWORN to before me on _____.

_____ 在我面前宣誓並署名。

SIGNATURE OF NOTARY/公證員簽署

PRINT NAME OF NOTARY/公證員正楷姓名

NOTARY PUBLIC for the State of Washington.

華盛頓州公證員

My commission expires _____.

我職責結束日期

Durable Power of Attorney for Health Care
for
關於以下人士的
持久性醫療保健授權書

[My Name]/[我的姓名]

1. **Agent.** I choose _____ as my Agent with full authority to manage my health care.
代理人。 我選擇 _____ 做我的代理人，其有完全的權力來管理我的醫療保健事宜。
2. **Alternate.** If _____ is unable or unwilling to act, I choose _____ as my Agent with full authority to manage my health care.
後備代理人。 如果 _____ 無法或不願意採取行動，我選擇 _____ 作為我的後備代理人，其有完全的權力管理我的醫療保健事宜。
3. **My Rights.** I keep the right to make health care decisions for myself as long as I am capable.
我的權力。 祇要我有能力，我保留為自己做醫療保健決定的權力。
4. **Durable.** My Agent can still use this power of attorney document to manage my affairs even if I become sick or injured and cannot make decisions for myself. This power of attorney shall not be affected by my disability.
持久性。 我的代理人可以使用這份授權書所授予之權力來管理我的事務，即使我生病或受傷，不能為自己做決定。本授權書不應該因我的殘疾而受影響。
5. **Start Date.** This power of attorney document is effective on the day I sign it.
開始日期。 該授權書於我簽署之日起生效。
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
結束日期。 一旦我撤銷了這份授權書，或者我過世了，該授權書將結束無效。如果我的配偶或家庭伴侶是我的代理人，在我們當中的任何一位在法庭提出離婚時，這份授權書即結束無效。
7. **Revocation.** I revoke any other power of attorney for health care documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
撤銷。 我撤銷了我過去簽署過的其他任何醫療保健授權書。我知道我可以隨時通過書面方式，通知我的代理人撤銷這份授權書。
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including the power to make health care decisions and give informed consent to my

health care, refuse and withdraw consent to my health care, employ and discharge my health care providers, apply for and consent to my admission to a medical, nursing, residential or other similar facility that is not a mental health treatment facility, serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and to visit me at any hospital or other medical facility where I reside or receive treatment.

權力。我的代理人有完全的權力和權利，可以完全和有效地做任何事情，正如我可以做我自己的一樣，包括了做出保健護理決定和對我的醫療保健做出知己知彼的同意，拒絕和撤回就我醫療保健做出的同意，僱用和解僱我的醫療保健提供者，申請並同意我進入非心理治療的醫療、護理、居住或其他類似設施，根據已修改的醫療保險可攜帶性和責任法案（HIPAA）就所有事項作為我個人的代表，並到我居住的或接受治療的任何醫院或其他醫療設施拜訪我。

9. **Mental Health Treatment.** My Agent is not authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is not authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.

心理健康治療。我的代理人無權就我對心理健康治療或設施的承諾做出安排。我的代理人沒有被授權同意電驚厥治療、精神外科或其他限制身體行動自由的心理醫療程序。

10. **No Power to Agree to Pre-Dispute Binding Arbitration.** My agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

無權力同意有約束力的爭議前仲裁。我的代理人沒有權力同意爭議前有約束力的仲裁，或涉及我個人或財產的任何其他限制我獲得陪審團審訊、賠償起訴或參加集體訴訟的權力。

11. **Accounting.** My Agent shall keep accurate records of my financial affairs and show these records to me at my request.

會計。我的代理人應該保存我財務的準確記錄，並根據我的請求顯示這些記錄。

12. **Nomination of Guardian.** I nominate my Agent as the guardian of my person for consideration by the court if guardianship proceedings become necessary.

監護人提名。如果監護訴訟成為必需程序，我提名我的代理人作為我個人的監護人，供法院考慮

13. **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.
醫療保險可攜帶性和責任法案 (HIPAA) 的發佈。 我授權我的醫療保健提供者將所有受1996年醫療保險可攜帶性和責任法案 (HIPAA) 管轄的信息發給我的代理。

My Signature 我的簽名

Date 日期

Notarization/公證

State of Washington/華盛頓州
County of /城市 _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

我保證，我知道或有令人滿意的證據表明，_____ 是在我面前簽名的人，並承認此簽名是為本文件中提及內容而自主自願地進行的。

SUBSCRIBED and SWORN to before me on _____.
_____ 在我面前宣誓並署名。

SIGNATURE OF NOTARY/公證員簽署

PRINT NAME OF NOTARY/公證員正楷姓名
NOTARY PUBLIC for the State of Washington.
華盛頓州公證員
My commission expires _____.
我職責結束日期

證人陳述 (供選擇)

On _____, the declarer of this document signed it in my presence. I believe the declarer is able to make health care decisions, to understand this document, and to have signed it voluntarily.

本文件的聲明人於 _____ 在我面前簽名。我相信聲明人理解本文件，能 做出醫療保健決定，並自願簽署本文件。

- I am not related by blood or marriage to the declarer.
我與聲明人沒有血緣關係或婚姻關係。
- I am not now entitled to receive any portion of the declarer’s estate, either by will or by operation of law, or as a result of any claim against the declarer.
我無權通過意願或法律程序，或通過向聲明人提出索償，而獲得聲明人財產的任何部分。
- I am not the declarer’s attending physician or an employee of that physician or of a health facility in which the declarer is a patient.
我不是聲明人的主治醫師，也不是聲明人作為患者而就醫的那位醫師或醫療機構的僱員。

Witness 1 證人之一

Witness 2 證人之二

Signature 簽名

Signature 簽名

Print Name 書寫姓名

Print Name 書寫姓名

Address 地址

Address 地址

Revocation of Durable Power of Attorney
For
就以下事項撤銷持久性授權書

Finances / 財務

Health Care / 保健

I, _____, hereby revoke the Durable Power of Attorney I gave to
_____.

我, _____, 特此撤銷我授予 _____ 的持久性授權書。

Signature 簽名

Date 日期

Notarization/公證

State of Washington/華盛頓州

County of /城市 _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

我保證, 我知道或有令人滿意的證據表明, _____ 是在我面前簽名的人, 並承認此簽名是為本文件中提及內容而自主自願地進行的。

SUBSCRIBED and SWORN to before me on _____.
_____ 在我面前宣誓並署名。

SIGNATURE OF NOTARY/公證員簽署

PRINT NAME OF NOTARY/公證員正楷姓名
NOTARY PUBLIC for the State of Washington.
華盛頓州公證員
My commission expires _____.
我職責結束日期

Power of Attorney Revocation (Chinese)

Glossary

詞彙表

Here are some terms you may find helpful when reading a power of attorney document:

以下是您在閱讀授權書文件時可能會有幫助的一些術語：

- **Agent:** the trusted person you choose to help you with your finances or health care.
代理： 您選擇的在財務或醫療保健方面幫助您的您所信任的人。
- **Beneficiary:** the person who gets money or property. For example, if you have life insurance and you die, the person who gets the insurance money is called a beneficiary. The person who gets money or property from a trust is also called a beneficiary.
受益人： 獲得金錢或財產的人。例如，如果您有人壽保險，您死了，獲得保險金的人稱為受益人。從信託獲取金錢或財產的人也稱為受益人。
- **Beneficiary Designation:** the part of a contract that says who should be the beneficiary. For example, the beneficiary designation in a life insurance policy is the part that says who will get the money after you die.
受益人指定： 合同的一部分，說明誰應該是受益人。例如，人壽保險中的受益人指定部分說明，您死後誰將得到錢的。
- **Binding Arbitration:** a process for resolving legal disputes with a company outside of a court. Usually, arbitration limits your right to a jury trial, limits the amount of money you can be awarded, and prevents you from bringing a class action lawsuit against the company. Also, arbitrators are usually picked by the company.
約束仲裁： 在法院外解決與某個公司的法律糾紛的過程。通常，仲裁限制了您進行陪審團審判的權力，限制了您可以授予的金額，並阻止您對公司起集體訴訟。此外，仲裁員通常由公司挑選。
- **Community Property Agreement:** a written agreement between a married couple or domestic partners that says when one dies, all of their property will automatically go to the other.
共同財產協議： 已婚夫婦或家庭伴侶之間的書面協議，說明當其中一人死亡時，他們所有的財產將自動轉給另一個人。
- **Durable:** “Durable” means your document still has legal power and agent can keep helping you even if you become sick or injured and cannot make decisions for yourself
持久： “持久”意味著，即使您生病或受傷無法為自己做出決定，您的文件仍具有法律效力，代理人也可以繼續幫助您。
- **Disinterested Witness:** a person who is not a health care provider in your home or long-term care facility or related to you by blood, marriage or state registered domestic partnership.

無利益關係證人： 在您家中或長期護理機構中不是醫療保健提供者，或不是與您通過血緣、婚姻或州政府註冊成為家庭伴侶的相關人士。

- **Notary (or Notary Public):** a person who is licensed by the State to witness signatures on documents. You must sign your power of attorney document in front of a notary who will also sign the document and place an official notary stamp on it.
公證人（或公證員）：領取了州政府證書的可證明文件簽名的人士。您必須在公證人面前簽署您的授權書文件，該公證人亦簽署文件並在其簽名處蓋上官方公證員的蓋章。
- **Personal Property:** things like cash, stocks, jewelry, clothing, furniture or cars.
個人財產：現金、股票、珠寶、衣服、家具或汽車等。
- **Real Property:** buildings and land.
不動產：建築物 and 土地。
- **Revoke:** to cancel.
撤消：取消。
- **Rights of survivorship:** a written agreement between people who own property together. The agreement says when one co-owner dies, the other co-owner(s) automatically gets the property.
生存者權益：擁有財產的人士之間的書面協議。協議說明當一個財產共有者去世時，其他財產共有者自動獲得該財產。
- **Trust:** a written agreement where money and property is owned by a trust and managed by one person (trustee) for the benefit of another person or people (beneficiary or beneficiaries). Usually you need to hire a lawyer to set up a trust.
信託：一種書面協議，說明金錢和財產由信託所有，由一個人（受託人）爲了另一人或多人（受益人或受益人群）的利益，對其金錢和財產進行管理。通常您需要聘請律師來設立信託。
- **Trustee:** the person who manages a trust.
受託人：管理信託的人。