

## **ALABAMA DURABLE POWER OF ATTORNEY FORM**

### IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

**STATE OF ALABAMA            )**  
**\_\_\_\_\_ COUNTY)**

**Durable Power of Attorney and Authority to Access Health  
Information**

**Of**

\_\_\_\_\_  
KNOW ALL MEN BY THESE PRESENTS that I, \_\_\_\_\_  
of \_\_\_\_\_ in \_\_\_\_\_ County,  
Alabama, do hereby make, constitute and appoint  
\_\_\_\_\_ of \_\_\_\_\_, in  
\_\_\_\_\_ County, Alabama, phone number \_\_\_\_\_, as  
my Attorney-in-Fact, for me and in my name, place and stead, and on my  
behalf, to do, perform and execute the acts I have authorized, and I grant to  
him/her every power necessary to carry out the purposes for which this  
power is granted, including the powers of revocation and substitution,  
hereby ratifying and affirming that which (s)he or his/her substitute shall  
lawfully do or cause to be done by virtue of the rights and powers herein  
granted.

**This power of attorney shall not be affected by disability,  
incompetency, or incapacity of the principal.**

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me  
with respect to the following subjects as defined in the Alabama Uniform  
Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

If you wish to grant general authority over all of the subjects enumerated in  
this section you may SIGN here:

\_\_\_\_\_  
(Signature of Principal)

OR

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

\_\_\_\_\_ Real Property as defined in Section 26-1A-204

\_\_\_\_\_ Tangible Personal Property as defined in Section 26-1A-205

\_\_\_\_\_ Stocks and Bonds as defined in Section 26-1A-206

\_\_\_\_\_ Commodities and Options as defined in Section 26-1A-207

\_\_\_\_\_ Banks and Other Financial Institutions as defined in Section 26-1A-208

\_\_\_\_\_ Operation of Entity or Business as defined in Section 26-1A-209

\_\_\_\_\_ Insurance and Annuities as defined in Section 26-1A-210

\_\_\_\_\_ Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

\_\_\_\_\_ Claims and Litigation as defined in Section 26-1A-212

\_\_\_\_\_ Personal and Family Maintenance as defined in Section 26-1A-213

\_\_\_\_\_ Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214

\_\_\_\_\_ Retirement Plans as defined in Section 26-1A-215

\_\_\_\_\_ Taxes as defined in Section 26-1A-216

\_\_\_\_\_ Gifts as defined in Section 26-1A-217

### **GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how

your property is distributed at your death. INITIAL the specific authority you WANT to give your agent.)

\_\_\_\_\_ Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law

\_\_\_\_\_ Make a gift to which exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in this power of attorney

\_\_\_\_\_ Create or change rights of survivorship

\_\_\_\_\_ Create or change a beneficiary designation

\_\_\_\_\_ Authorize another person to exercise the authority granted under this power of attorney

\_\_\_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

\_\_\_\_\_ Exercise fiduciary powers that the principal has authority to delegate

### **AUTHORITY TO ACCESS HEALTH INFORMATION**

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

\_\_\_\_\_ Arrange for my care at home or by admitting me to an appropriate facility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my agent under this document [as well as any health care agent or proxy I may appoint]; [further, my agent appointed herein may make medical decisions for me, consistent with applicable law and with any health care directive I may have in effect at the time decisions may be needed.] [I do not intend, by this appointment, to prohibit other family members from access to my

otherwise private health care information, and I authorize covered entities to provide to \_\_\_\_\_, the same access to them and cooperation with them to which I am entitled myself.]

### **LIMITATIONS ON AGENT'S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a per-son to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

(a) Any power or authority granted to my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my Agent as defined in 26 U.S.C. Section 2041 and 26 U.S.C. Section 2514 of the Internal Revenue Code of 1986, as amended.

(b) My Agent shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent, or any trust created by my Agent as to which I am a trustee.

### **SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

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### **NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)**

If it becomes necessary for a court to appoint a [conservator or guardian] of my estate or [guardian] of my person, I nominate the following person(s) for appointment:

Name of Nominee for [conservator or guardian] of my estate:

\_\_\_\_\_

Nominee's Address: \_\_\_\_\_

\_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

Name of Nominee for [guardian] of my person:

\_\_\_\_\_

Nominee's Address: \_\_\_\_\_

\_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

### **EFFECTIVE DATE**

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

### **RELIANCE ON THIS POWER OF ATTORNEY**

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

### **SIGNATURE AND ACKNOWLEDGMENT**

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(Signature of Principal)

Your Signature Date: \_\_\_\_\_

Your Name Printed: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

**STATE OF ALABAMA**

\_\_\_\_\_ **COUNTY**

I, \_\_\_\_\_, a Notary Public, in and for the County in this State, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of the document, he or she executed the same voluntarily on the day the same bears date.

Given under my hand this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_(Seal, if any)

Signature of Notary

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

## **IMPORTANT INFORMATION FOR AGENT**

### Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.



## Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

## Liability of Agent

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF  
ATTORNEY AND AGENT'S AUTHORITY**

**STATE OF ALABAMA**

**COUNTY OF \_\_\_\_\_**

I, \_\_\_\_\_ (Name of Agent),  
certify under penalty of perjury that \_\_\_\_\_  
granted me authority as an agent or successor agent in a power of attorney  
dated \_\_\_\_\_.

I further certify that to my knowledge:

(1) the Principal is alive and has not revoked the Power of Attorney or my  
authority to act under the Power of Attorney and the Power of Attorney and  
my authority to act under the Power of Attorney have not terminated;

(2) if the Power of Attorney was drafted to become effective upon the  
happening of an event or contingency, the event or contingency has  
occurred;

(3) if I was named as a successor agent, the prior agent is no longer able or  
willing to serve; and

(4) \_\_\_\_\_

**SIGNATURE AND ACKNOWLEDGMENT**

\_\_\_\_\_

Agent's Signature Date:

\_\_\_\_\_

Agent's Name Printed:

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Agent's Address:

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Agent's Telephone Number:

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This document was acknowledged before me on

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(Date)

by \_\_\_\_\_.

(Name of Agent)

\_\_\_\_\_ (Seal, if any)

Signature of Notary

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