

PARTNERSHIP PROTECTION DOCUMENTS

NOTE: To complete your packet you will need to download Item A, a state specific section, which can be downloaded from Partnership for Caring at the following website:

<http://216.36.240.148/HomePage/>.

Select Advanced Directives > Download State-Specific Documents.

National Center for Lesbian Rights

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GLOSSARY

AGENT: The Attorney in Fact

ATTORNEY IN FACT: The person given authority to act on behalf of the principal in a power of attorney. Any competent adult is qualified to serve as an attorney in fact. "...an agent's duties can include making all medical decisions as well as caring for, clothing, feeding, fixing the location of the principal's residence, and taking charge of other personal needs of the principal."

CONSERVATOR OF THE PERSON: Someone appointed by the Court to supervise the personal care of another.

CONSERVATORSHIP: A court proceeding to appoint a manager (conservator) for the financial affairs or the personal care of one who is either physically or mentally unable to handle either or both (conservatee). *Probate Code 1801.*

CONSERVATORSHIP OF THE ESTATE: Someone appointed by the Court to manage the financial affairs of another.

CONVENTIONAL POWER OF ATTORNEY: A document used when a competent person wants someone else to handle financial matters for her or him. This type of power of attorney automatically terminates if the person creating it becomes incapacitated or dies

DECLARATION UNDER CALIFORNIA NATURAL DEATH ACT: Establishes a statutory procedure that allows a competent adult to declare in writing, his or her wish that the treating physician withhold or withdraw "life-sustaining procedures" when certain conditions are met. *Health and Safety Code 7193.*

DURABLE POWER OF ATTORNEY FOR FINANCES/PROPERTY: Provides for the management and control of an individual's property in case he or she becomes incapacitated.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE: Provides for the health care needs of an individual in case he or she becomes incapacitated.

GUARDIANSHIP: A Court proceeding like conservatorship, for children.

HEALTH CARE: ``Any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.'' *Civil Code 2430 (b)*.

INCAPACITY / INCOMPETENCY: Terms used to describe the condition of being unable to handle one's financial matters and/or health care decisions.

MINOR: In California, anyone under eighteen (18) years of age.

POWER OF ATTORNEY: A legal document in which one person authorizes another person to act on the former's behalf.

PRINCIPAL: The person who executes (creates and signs) a power of attorney.

REVOCATION: The termination of a DPA for Health Care by a competent principal. The termination of a DPA for Finances/Property by competent principal with legal capacity. *Civil Code 2356 (a)*.

SPRINGING DURABLE POWER OF ATTORNEY: A durable power of attorney that does not become effective until the person creating it becomes incapacitated. In other words, it is valid only in the case of a medical emergency.

STATUTORY/STATUTE CODE: The written will of the Legislature; the laws of the state.

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B.

**ADDENDUM TO
DURABLE POWER OF ATTORNEY
FOR HEALTH CARE**

Right to Receive Personal Property

I direct that my agent shall have the right to receive into her/his sole possession any and all items of personal property and effects that may be recovered from or about my person by any hospital, police agency, or any other person at the time of my illness, disability or death, this to specifically include cash or other liquid asset.

Executed on the following date at

(city and state)

DATED: _____

Signature of Principal

*Addendum to Durable Power of
Attorney For Health Care Right to
Receive Personal Property*

C.

NOTICE OF REVOCATION OF POWER OF ATTORNEY

Recording requested by and when recorded mail to:

I, _____ of _____
_____, City of _____, County of
_____, State of _____, hereby give
notice that I have revoked, and do hereby revoke, the power of attorney dated
_____, 20 ____ given to _____,

(Name of attorney in fact)

empowering said _____, to act as my true and lawful attorney

(Name of attorney in fact)

in fact, and I declare that all power and authority granted under said power of attorney is
hereby revoked and withdrawn. Executed this _____ day of _____,
20 _____, at _____

_____.

Signature of Principal

(typed name)

D.

AUTOPSY AND DISPOSITION OF MY REMAINS

I understand that my agent will be able to authorize an autopsy (an examination of my body after my death to determine the cause of my death) and to direct the disposition of my remains unless I limit that authority in this document. I also understand that my agent or any other person who directed the disposition of my remains must follow any instructions I have given in a written contract for funeral services, my will or by some other method.

(Optional: If you do not want your agent to be involved in these matters, you should state your desires concerning an autopsy and the person you would like to direct the disposition of your remains. If any of the statements below reflect your desires, sign next to that statement. If none of these statements reflect your desires and you want to limit the authority of your agent to consent to an autopsy and/or to dispose of your remains, you should write your own statement in paragraph 4, above. Under some circumstances, the law may require that autopsy be performed even if you have refused to authorize your agent to consent to one.)

AUTOPSY

(_____) I hereby consent to an examination of my body after my death to determine the cause of my death .

(_____) My agent may not authorize an autopsy.

DISPOSITION OF REMAINS

(_____) I prefer that my agent direct the disposition of my remains by the following method (check one):

Burial Cremation

(_____) My agent may not direct the disposition of my remains and I would prefer that

(name and address)

direct the disposition of my remains.

(_____) I have prescribed the way I want my remains disposed of in (check one):

A written contract for funeral services with

(name of mortuary/cemetery)

My will

Other: _____

PRIOR DESIGNATIONS REVOKED

(_____) I revoke any prior durable power of attorney for health

care, designations made in regards to autopsy and/or disposition of my remains .

Executed this _____ day of _____, 20 _____, at _____

Signature of Principal

HOSPITAL VISITATION AUTHORIZATION

I, _____, a resident of _____
 County, State of _____, do hereby give notice and authorize that, if any injury
 or illness, or any incapacity through any other cause necessitates my hospitalization or
 treatment in a medical facility, it is my wish that _____ be
 given first preference in being admitted to visit me in such facility, whether or not there are
 parties related to me by blood or by law or other parties desiring to visit me, unless and until I
 freely give contrary instructions to competent medical personnel on the premises involved.

Executed this _____ day of
 _____, 20 _____,

at

 _____ .

 Signature of Principal

WITNESSES

 Signature Name

 Address and Telephone

 Signature Name

 Address and Telephone

*Hospital Visitation Authorization
(Notary Public)*

DIRECTIVE TO PHYSICIANS

Directive made this _____ day of _____, 20____. I, _____, being of sound mind, willfully, and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and I do hereby declare.

1. If at any time I should have an incurable and irreversible condition that has been diagnosed by two physicians and that will result in my death within a relatively short time without the administration of life-sustaining treatment, or that has produced an irreversible coma or persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Natural Death Act of _____, to withhold or withdraw treatment,

(State)

including artificially administered nutrition and hydration, that only prolongs the process of dying or the irreversible coma or persistent vegetative state and is not for my comfort or to alleviate pain.

2. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during my pregnancy.

Signature of Principal

City, County and State of Residence:

The Declarant voluntarily signed this writing in my presence. I am not entitled to any portion of the estate of the declarant upon his or her death under any will or codicil thereto of the declarant now existing or by operation of law. I am not a health care provider, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

WITNESSES

_____,
Signature Name

Address and Telephone

_____,
Signature Name

Address and Telephone

- OR -

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____)

) SS.

County of _____)

On _____ before me, _____, personally

(Date)

(Notary)

appeared _____

Signer(s)

- Personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature

DURABLE POWER OF ATTORNEY FOR FINANCES

Recording requested by and when recorded mail to:

Warning to Person Executing This Document

This is an important document. It creates a durable power of attorney. Before executing this document, you should know these facts:

- 1. **This document may provide the person you designate as your attorney in fact with broad powers to dispose, sell, convey and encumber your real and personal property.**
- 2. **These powers will exist for an indefinite period of time unless you limit their duration in this document. These powers will continue to exist notwithstanding your subsequent disability or incapacity.**
- 3. **You have the right to revoke or terminate this durable power of attorney at any time.**

DURABLE POWER OF ATTORNEY

1. Creation of Durable Power of Attorney

By signing this document, I, _____, intend to create a durable power of attorney. This durable power of attorney shall not be affected by my subsequent disability or incapacity, and shall remain effective until my death, or until revoked by me in writing.

2. Effective Date

This durable power of attorney shall become effective only in the event that I become incapacitated or disabled so that I am not able to handle my own financial affairs and decisions. That determination shall be made in writing by a licensed physician and the writing shall be attached to this durable power of attorney.

*Durable Power of Attorney
For Finances
Page 1 of 3*

3. Designation of Attorney in Fact

I, _____, hereby appoint

_____, as my attorney in fact, to act for me in my name and for my use and benefit. Should _____ for any reason fail to serve or cease to serve as my attorney in fact, I appoint _____ of _____ to be my attorney in fact.

4. Authority of Attorney in Fact

I grant my attorney in fact full power and authority over all my property real and personal, and authorize _____ to do and perform all and every act which I as owner of that property could do or perform and hereby ratify and confirm that all that my attorney in fact shall do or cause to be done under the Durable Power of Attorney.

[Special Provisions or Limitations. Add to this section any specific limitation(s), restriction(s), direction(s), etc. you want.]

5. Reliance by Third Parties

The powers conferred on my attorney in fact by this durable power of attorney may be exercisable by my attorney in fact alone, and my attorney in fact's signature or act under the authority granted in this durable power of attorney may be accepted by any third person or organization as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf.

No person or organization who relies on this durable power of attorney or any representation my attorney in fact makes regarding [his/her] authority, including but not limited to:

- (i) the fact that this durable power of attorney has not been revoked;
- (ii) that I, _____ , was competent to execute this power of attorney;
- (iii) the authority of my attorney in fact under this durable power of attorney ,

shall incur any liability to me, my estate, heirs, successors or assigns because of such reliance on this durable power of attorney or on any such representation by my attorney in fact.

H¹.

**AUTHORIZATION FOR CONSENT
TO MEDICAL TREATMENT OF MINOR**

I, _____ being the parent entitled to the legal and physical custody of my minor child _____, born _____, do hereby authorize _____, into whose care the child has been entrusted, to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said child under the supervision and upon the advice of a physician or other medical care provider licensed to practice medicine in any state in the United States. I further authorize _____, to consent to any X-ray, examination, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor child by a dentist licensed to practice dentistry in any state in the United States.

This shall be valid from _____ to _____.

Executed this _____ day of _____, 20____, at _____.

Signature of Principal

WITNESSES

_____,

Signature *Name*

Address and Telephone

_____,

Signature *Name*

Address and Telephone

*Authorization for Consent to
Medical Treatment of Minor
(Witnesses)*

H².

AUTHORIZATION FOR CONSENT

TO MEDICAL TREATMENT OF MINOR

I, _____ being the parent entitled to the legal and physical custody of my minor child _____, born _____, do hereby authorize _____, into whose care the child has been entrusted, to consent to any X-ray examination, anesthetic medical, or surgical diagnosis or treatment and hospital care to be rendered to said child under the supervision and upon the advice of a physician or other medical care provider licensed to practice medicine in any state in the United States. I further authorize _____, to consent to any X-ray, examination, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor child by a dentist licensed to practice dentistry in any state in the United States.

This shall be valid from _____ to _____.

Executed this _____ day of _____, 20_____, at _____.

Signature of Principal

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____)

) SS.

County of _____)

On _____ before me, _____, personally

(Date)

(Notary)

appeared _____

Signer(s)

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be

the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature

Authorization for Consent to Medical Treatment of Minor

I.

NOMINATION OF GUARDIAN FOR A MINOR

I, _____, the natural mother of the minor child _____ who was born on _____, am hereby declaring my wishes as to those individuals to be appointed the legal guardian of the person and property of my (daughter/son) in the event I am unable, physically or mentally, to care for my child.

I.

I nominate _____, currently residing at _____ (home address) to be the legal guardian of the person and property of my minor child _____ (child's name). This nomination is based on the fact that a loving and parental relationship exists between _____ and my (daughter/son), _____. Furthermore, my (daughter/son) has lived with this adult and looks to her for guidance, support, and affection. It would be detrimental to my (daughter/son) to deprive (her/him) of this established relationship at a time when I am unable to provide the security and care necessary to my child's healthy development.

II.

In the event _____ is unable to serve as a guardian or is disqualified by a court of law from serving; I nominate (_____) to serve as the guardian of the person and property of the minor child _____ (name).

*Nomination of Guardian For a Minor
Page 1 of 3*

III.

Both the identity and whereabouts of the minor child's natural father are unknown to me.

OR

The minor child was conceived through alternative insemination by donor and has no natural father.

OR

The minor child was conceived through alternative insemination by donor, and said donor has waived, in writing, any and all rights he may have to object to my nomination of a guardian.

IV.

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be

the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature

J.

NOMINATION OF CONSERVATOR

I, _____, a resident of _____
County, _____, being of sound and disposing mind and memory, and not
(State)

acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish, and declare this instrument nominating a Conservator of the estate and person and do expressly revoke all other former instruments nominating Conservators of the estate and person executed by me.

1. Purpose: My purpose in executing this instrument is to nominate a conservator of my person and estate who will act in the event that I am substantially unable to manage my own

financial resources or business affairs, or in the event that for any reason a Conservator could be appointed by the appropriate court and there should be good cause for appointment executed by me.

2. Nomination: I nominate _____ to act as the Conservator of my **estate**, with power to nominate a successor. If he/she for any reason shall be unable or unwilling to act in that capacity, I nominate _____ to serve as the Conservator of my **estate** with power to nominate a successor.

3. Nomination: I nominate _____ to act as the Conservator of my **person**, with power to nominate a successor. If he/she for any reason shall be unable or unwilling to act in that capacity, I nominate _____ to serve as the Conservator of my **person** with power to nominate a successor.

4. Bond: No nominee named in this instrument or designated under the power given herein to act any time as the Conservator of my person or estate shall be required at any time to give bond in order to act in that capacity.

5. Powers: It is my intention that the Court grant to my Conservator(s) such powers as are needed for appropriate management of my person and estate.

*Nomination of Conservator
Page 1 of 2*

If the Court for any reason refuses to grant these powers or to approve my waiver of any requirement for bond, such refusal shall not invalidate this Nomination of Conservator, and the remaining provisions shall be carried into effect.

Executed this _____ day of _____, 20____, at _____

Signature of Principal

WITNESSES

Signature *Name*

Address and Telephone

Signature *Name*

Address and Telephone

- OR -

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____)

) SS.

County of _____)

On _____ before me, _____, personally

(Date)

(Notary)

appeared _____

Signer(s)

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be

the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature

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