

**Durable Power of Attorney for Health Care or Property -- Supplement©**

This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are used for, consult the appropriate Self Help packet.

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**Forms That Are Included in This Supplement:**

Durable Power of Attorney for Health Care

Durable Power of Attorney for Property

Resignation of an Agent

Notice of Revocation of a Durable Power of Attorney

**FORM: Durable Power of Attorney for Health Care**

- Date:** Put in the date you are completing the form.
- I:** Put in your full name.
- Appoint:** Put in the agent's full name and address.
- 2:** Include any powers you do not want your agent to have or any rules or limitations governing their powers.
- 2a:** Initial next to the statement that best describes your wishes.
- 3:** Initial next to the "X" if you do not want the Power to become effective immediately and write in when you want it to become effective.
- 4:** Initial next to the "X" if you want do not want the Power to continue until your death and write in when you want it to end.
- 5:** Name any successor agents that you want to take over if your initial choice is unable to act as your agent.
- 6:** If you want your agent to also act as guardian of the person, if one is needed, keep paragraph 6. Otherwise, strike it out.
- Signed:** Sign your full name.
- Witness:** Have your witness sign the form and give his or her address.
- Specimens:** If you want your agents to provide specimen signatures, have them sign and then you must sign next to their signature to certify that it is in fact their signature.
- Prepared by:** Put the name and address of the person who prepared the form.

**FORM: Durable Power of Attorney for Property**

- Date:** Put in the date that you are completing the form.
- I:** Put in your full name.
- Appoint:** Put in the agent's full name and address.
- 1a:** Strike out any power that you do not want your agent to have by drawing a line through it.
- 2:** Write out any specific powers you do not want your agent to have or any rules or limitations on their powers.
- 3:** Strike out any power that you do not want your agent to have by drawing a line through it.
- 4:** Keep this paragraph if you want your agent to be able to delegate some of his powers to others. Otherwise, strike it out.
- 5:** Keep this paragraph if you want your agent to be compensated for acting as your agent. Otherwise, strike it out.
- 6:** Initial next to the "X" if you do not want the Power to become effective immediately and write in when you want it to become effective.
- 7:** Initial next to the "X" if you want do not want the Power to continue until your death and write in when you want it to end.

- 8:** Name any successor agents that you want to take over if your initial choice is unable to act as your agent.
- 9:** If you want your agent to also act as guardian of the estate, if one is needed, keep paragraph 9. Otherwise, strike it out.
- Signed:** Sign your full name.
- Notary:** Have the Power notarized.
- Specimens:** If you want your agents to provide specimen signatures, have them sign and then you must sign next to their signature to certify that it is in fact their signature.
- Prepared by:** Put the name and address of the person who prepared the form.

**FORM: Resignation of an Agent**

- I:** Put in your full name.
- Of:** Put in your street address.
- City:** Put in the name of your city.
- County:** Put in your county.
- State:** Put in Illinois.
- Created by:** Put in the principal's name.
- Date:** Put in the date the Durable Power of Attorney was created.
- Effective:** Put in the date you want the resignation to take effect.
- Date2:** Put in the date you completed the resignation.
- Signature:** Sign your full name.
- Notary:** Have the form notarized.

**FORM: Notice of Revocation of a Durable Power of Attorney**

- I:** Put in your full name.
- Of:** Put in your street address.
- City:** Put in the name of your city.
- County:** Put in your county.
- State:** Put in Illinois.
- DPOA:** Keep the type of power that you previously created. Strike out the other.
- Created by:** Put in the principal's name.
- Date:** Put in the date the Durable Power of Attorney was created.
- Empowering:** Put in your agent's full name.
- DPOA:** Keep the type of power that you previously created. Strike out the other.
- Date2:** Put in the date you completed the notice of revocation.
- Signature:** Sign your full name.
- Notary:** Have the form notarized.

**ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY  
FOR HEALTH CARE**

**This is a Durable Power of Attorney**

**NOTICE:** THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU, INCLUDING POWERS TO REQUIRE, CONSENT TO OR WITHDRAW ANY TYPE OF PERSONAL CARE OR MEDICAL TREATMENT FOR ANY PHYSICAL OR MENTAL CONDITION AND TO ADMIT YOU TO OR DISCHARGE YOU FROM ANY HOSPITAL, HOME OR OTHER INSTITUTION. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS, AND NO HEALTH CARE PROVIDER MAY BE NAMED. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT, YOUR RIGHT TO REVOKE THESE POWERS, AND THE PENALTIES FOR VIOLATING THE LAW ARE EXPLAINED MORE FULLY IN SECTIONS 4-5, 4-6, 4-9, AND 4-10(b) OF THE ILLINOIS "POWER OF ATTORNEY FOR HEALTH CARE LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

**POWER OF ATTORNEY** made this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

1. I, \_\_\_\_\_, hereby appoint \_\_\_\_\_, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make all decisions for me concerning my personal care, medical treatment and procedure, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment, even though my death may ensue.

My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My agent shall also have full power to make a disposition of any part of or all of my body for medical purposes, authorize an autopsy and direct the disposition of my remains. Effective upon my death, my agent has the full power to make an anatomical gift of the following (initial one):

- \_\_\_\_\_ Any organ
- \_\_\_\_\_ Specific organs: \_\_\_\_\_
- \_\_\_\_\_ Entire body
- \_\_\_\_\_ I do not authorize my agent to make an anatomical gift

(The above granted power is intended to be as broad as possible so that your agent will have authority to make any decision you could make to obtain or terminate any type of health care, including withdrawal of food and water and other life sustaining measures, if your agent believes such action would be consistent with your intent and desires. If you wish to limit the scope of your agent's powers or prescribe special rules or limit the powers to make an anatomical gift, authorize autopsy, or dispose of your remains, you may do so in the following paragraphs.)

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations you deem appropriate, such as: your own definition of when life-sustaining measures should be withheld; a direction to continue food and fluids or life-sustaining treatment in all events; or instructions to refuse any

specific types of treatment that are inconsistent with your religious beliefs or unacceptable to you for any other reason, such as blood transfusion, electro-convulsive therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.): \_\_\_\_\_

(The subject of life-sustaining treatment is of particular importance. For your convenience in dealing with that subject, some general statements concerning the withholding or removal of life-sustaining treatment are set forth below. If you agree with one of these statements, you may initial that statement; but do not initial more than one.):

\_\_\_\_\_ I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

\_\_\_\_\_ I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible. In accordance with reasonable medical standards at the time of reference, if and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.

\_\_\_\_\_ I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery, or the cost of the procedures.

(This power of attorney may be amended or revoked by you in the manner provided in section 4-6 of the Illinois "Powers of Attorney for Health Care Law". Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death, and beyond if anatomical gift, autopsy or disposition of remains is authorized, unless a limitation on the beginning date or duration is made by initialing and completing either or both of the following:)

3. ( ) This power of attorney becomes effective on \_\_\_\_\_

(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

4. ( ) This power of attorney shall terminate on \_\_\_\_\_

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(If you wish to name successor agents, insert the names and addresses of such successors in the following paragraph.)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:

For purposes of this paragraph 5, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician.

(If you wish to name your agent as a guardian of your person, in the event a court decides that one should be appointed, you may, but are not required to do so by retaining the following paragraph. The court will appoint your agent if the court finds that such appointment will serve your best interests and welfare. Strike out paragraph 6 if you do not want your agent to act as guardian.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed \_\_\_\_\_  
Principal

The Principal has had an opportunity to read the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence.

\_\_\_\_\_  
Signature of witness

Residing at: \_\_\_\_\_

(You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signature of agent (and successors)

I certify that the signature(s) of my agent (and successors) is (are) correct.

\_\_\_\_\_  
(Agent)

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Successor Agent)

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Successor Agent)

\_\_\_\_\_  
(Principal)

Prepared By:

# ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

## This is a Durable Power of Attorney

**NOTICE:** 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 PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

**POWER OF ATTORNEY** made this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

1. I, \_\_\_\_\_, hereby appoint \_\_\_\_\_, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(You must strike out any one or more of the following categories of powers you do not want your agent to have. Failure to strike the title of any category will cause the powers described in that category to be granted to the agent. To strike out a category you must draw a line through the title of that category.)

- |  |  |
|--|--|
| (a) Real estate transactions.                | (i) Social Security, employment and military service benefits. |
| (b) Financial institution transactions.      | (j) Claims and litigation.                                     |
| (c) Stock and bond transactions.             | (k) Commodity and option transactions.                         |
| (d) Tangible personal property transactions. | (l) Business operations.                                       |
| (e) Safe deposit box transactions.           | (m) Borrowing transactions.                                    |
| (f) Insurance and annuity transactions.      | (n) Estate transactions.                                       |
| (g) Retirement plan transactions.            | (o) All other property powers and transactions.                |
| (h) Tax matters.                             |  |

(Limitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent): \_\_\_\_\_

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers

of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below): \_\_\_\_\_

(Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep the next sentence, otherwise it should be struck out.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out the next sentence if you do not want your agent to also be entitled to reasonable compensation for services as agent.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(This power of attorney may be amended or revoked by you at any time and in any manner. Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death unless a limitation on the beginning date or duration is made by initialing and completing either (or both) of the following:)

6. (  )  
This power of attorney shall become effective \_\_\_\_\_

7. (  )  
This power of attorney shall terminate upon \_\_\_\_\_

\_\_\_\_\_  
(If you wish to name successor agents, insert the name(s) and address(es) of such successor(s) in the following paragraph.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

\_\_\_\_\_  
For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(If you wish to name your agent as guardian of your estate, in the event a court decides that one should be appointed, you may, but are not required to, do so by retaining the following paragraph. The court will appoint your agent if the court finds that such appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. I am fully informed as to all the contents of this form and understand the full impact of this grant of powers to my agent.

Signed \_\_\_\_\_  
(principal)

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENT'S TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

\_\_\_\_\_  
(agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of Illinois  
County of \_\_\_\_\_

The undersigned, a notary public in and for the above county and state, certifies that \_\_\_\_\_ known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission expires:  
\_\_\_\_\_

The undersigned witness certifies that \_\_\_\_\_ known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal for the uses and purposes therein set forth. I believe her to be of sound mind and memory.

Dated: \_\_\_\_\_

Witness \_\_\_\_\_

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE THE POWER TO CONVEY AND INTEREST IN REAL ESTATE)

Prepared By: \_\_\_\_\_



