

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 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.

Date: _____

Principal

Print Name

AGENT'S ACKNOWLEDGMENT

I, _____, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that, in the absence of a specific provision to the contrary in the power of attorney or in 20 Pa.C.S., when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Date: _____

Agent

Print Name

GENERAL POWER OF ATTORNEY

COMMONWEALTH OF PENNSYLVANIA

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, an adult resident citizen of _____ County, Pennsylvania, residing at _____, _____ have made, constituted and appointed, and by these presents do make, constitute and appoint, _____ my true and lawful agent to act as follows, that is to say:

1. Disposition of Property. To sell, assign, transfer, convey, exchange, deed, mortgage, pledge, lease, let, license, demise, remise, quitclaim, bargain or otherwise dispose of any or all of my real estate, stocks, bonds, evidences of indebtedness and other securities and other personal tangible and intangible or mixed property, or any custody, possession, interest or right therein at public or private sale, upon such terms, consideration, and conditions as my said agent shall deem advisable and to execute, acknowledge and deliver such instruments and writings of whatsoever kind and nature as may be necessary, convenient or proper in the premises.

2. Collection of Debts. To demand, collect, recover, sue for, receive and give receipt or release for any monies, debts, dividends, interests, royalties, legacies, annuities, demands, discounts, income, rents, profits, securities or other property of any sort, now or hereafter due or becoming due to me or to which I may be or hereafter become entitled.

3. Endorsements.

a) To endorse and negotiate for any and all purposes all promissory notes, bills of exchange, checks, drafts or other negotiable or non-negotiable paper payable to me or to my order;

b) To endorse for transfer all certificates of stock, bond or other securities;

c) To endorse and cash United States Savings Bonds and notes.

4. Executing Government Vouchers. To execute vouchers in my behalf for any and all allowances, compensation and reimbursements properly payable to me by the Government of the United States or any agency or department thereof.

5. Depositing Money and Other Property. To deposit in my agent's name or my name, or jointly in both our names, in any banking institution, funds or property, and to withdraw any part or all of my deposits at any time made by me in my behalf.

6. Borrowing Money. To borrow money in my name when deemed necessary to my

said agent upon such terms as to my said agent appear proper and to execute such instruments as may be requisite for such purpose.

7. Acquisition of Property. To buy, receive, lease, accept or otherwise acquire in my name and for my account property, real, personal or mixed, upon such terms, considerations and conditions as my said agent shall think proper.

8. Recovering Possession of Property. To eject, remove or relieve tenants or other persons from, and recover possession of, any property, real, personal or mixed in which I now or hereafter may have an interest.

9. Litigation. To institute, maintain, defend, compromise, arbitrate or otherwise dispose of, any and all actions, suits, attachments or other legal proceedings for or against me.

10. Tax Returns. To prepare and execute any tax returns, including, but not limited to, Federal income tax returns, State income tax returns, Social Security tax returns, and Federal and State information and estimated returns; to execute any claims for refund, protests, applications for abatement, petitions to the United States Board of Tax Appeals or any other Board or Court, Federal or State, consents and waivers to determination and assessment of taxes and consents and waivers agreeing to a later determination and assessment of taxes than is provided by statute of limitations; to receive and endorse and collect any checks in settlement of any refund of taxes; to examine and to request and receive copies of any tax returns, reports and other information from the United States Treasury Department or any other taxing authority, Federal or State, in connection with any of the foregoing matters.

11. Automobiles. To execute and deliver to the proper persons and authority any and all documents, instruments and papers necessary to effect proper registration of any automobile in which I now or may hereafter have an interest, or the sale thereof and transfer of legal title thereto as required by law, and to collect and receipt for all monies paid in consideration of such sale and transfer.

FURTHER, I do authorize my aforesaid attorney to execute, acknowledge and deliver any instrument under seal or otherwise, and to do all things necessary to carry out the intent hereof, hereby granting unto my said attorney full power and authority to act in and concerning the premises as fully and effectually as I may do if personally present.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said agent for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said agent and the designation "agent-in-fact".

This Power of Attorney shall not be affected by my subsequent disability or incompetence.

I further declare that any act or thing lawfully done hereunder by my said agent shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said agent.

FURTHER, I direct that my agent, also known as Agent-in-fact, shall have, in addition to the powers set out above, all powers specified in Title 20, Chapter 56, Section 5602, Pennsylvania Consolidated Statutes, all to be carried out for my benefit, including the power:

1. To make gifts for my benefit.
2. To create a trust for my benefit.
3. To make additions to an existing trust for my benefit
4. To claim an elective share of the estate of my deceased spouse.
5. To disclaim any interest in property.
6. To renounce fiduciary positions.
7. To withdraw and receive the income or corpus of a trust.
8. To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
9. To authorize medical and surgical procedures.
10. To engage in real property transactions.
11. To engage in tangible personal property transactions.
12. To engage in stock, bond and other securities transactions.
13. To engage in commodity and option transactions.
14. To engage in banking and financial transactions.
15. To borrow money.
16. To enter safe deposit boxes.
17. To engage in insurance transactions.
18. To engage in retirement plan transactions.
19. To handle interests in estates and trusts.
20. To pursue claims and litigation.
21. To receive government benefits.
22. To pursue tax matters.
23. To make an anatomical gift of all or part of my body.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20____.

Signature

Witnesses:

Name and Address

Name and Address

Note: Two Witnesses must sign.

STATE OF _____
COUNTY OF _____

On this ____ day of _____, ____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

NOTARY PUBLIC

My Commission Expires:

LAST WILL AND TESTAMENT OF

[Name of Testator]

I, _____ [Name of Testator], a resident of _____, Pennsylvania, being of sound and disposing mind and memory and over the age of eighteen (18) years, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will, hereby expressly revoking all Wills and Codicils previously made by me.

I. MARRIAGE AND CHILDREN

I am [married to/[divorced from] _____ and have the following children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

For all purposes of this instrument, any person adopted by me shall be deemed my natural child and any person adopted during minority by any beneficiary hereunder shall be deemed a natural child of such beneficiary. A person adopted as an adult by a beneficiary hereunder shall be deemed a natural child of such beneficiary if a parent-child relationship existed between the adopting beneficiary and the adoptee during the latter's minority.

Guardian of the Person: I appoint _____ Guardian of any of my minor children who survive me.

II. DEBTS AND EXPENSES

I direct my Personal representative to pay all costs and expenses of my last illness and funeral expenses. I further direct my personal representative to pay all of my just debts that may be probated, registered and allowed against my estate. However, this provision shall not extend the statute of limitations for the payment of debts, or enlarge upon my legal obligation or any statutory duty of my personal representative to pay debts.

III. SPECIFIC BEQUESTS OF PERSONAL PROPERTY

I hereby give and bequeath unto the person or persons named below, if he, she or they survive me, the property described below. In the event I name a person in this Article and said person predeceases me, the bequest to such person shall lapse and the property shall fall into my residuary estate. In the event that I do not possess or own any property listed below on the date of my death, the bequest of that property shall lapse. My Executor may make whatever arrangements [he][she] considers appropriate for storing and/or shipping tangible personal property to beneficiaries, and may pay the cost thereof and any related expenses, including insurance, from my estate.

- A. I give all of my tangible personal property and any insurance thereon to _____, if [he][she] survives me. If said individual predeceases me I give all of my tangible personal property and any insurance thereon to _____.
- OR
- B. I give the following items of personal property and any insurance thereon to _____, if [he][she] survives me.
 - a. _____
 - b. _____

IV. SPECIFIC BEQUESTS OF REAL PROPERTY

I hereby give and bequeath unto the persons named below, if she or he survives me, the property described below. In the event I name a person in this Article and said person predeceases me, the bequest to such person shall lapse and the property shall fall into my residuary estate. In the event that I do not possess or own any property listed below on the date of my death, the bequest of that property shall lapse.

- C. I give all of my real property and any insurance thereon to _____, if [he][she] survives me. If said individual predeceases me I give all of my tangible personal property and any insurance thereon to _____.
- OR
- A. I give the following items of real property and any insurance thereon to _____, if [he][she] survives me.
 - a. _____
 - b. _____

V. RESIDUARY PROVISIONS

I give the residue of my estate, real and personal, to _____, if [he][she] survives me. If said individual predeceases me I give the residue of my estate to _____.

VI. APPOINTMENT OF PERSONAL REPRESENTATIVE, EXECTUOR, OR EXECUTRIX

I hereby appoint _____, as Personal Representative of my estate and this Will and empower said person to pay my just debts, obligations, and funeral expenses. In the event my personal representative shall predecease me or, for any reason, shall fail to qualify or cease to act as my personal representative, then I hereby appoint, _____ to serve as successor personal representative of my estate and Will to pay my just debts, obligations, and funeral expenses.

VII. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL

My personal representative and successor personal representative shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisal of my estate.

VIII. POWERS OF PERSONAL REPRESENTATIVE, EXECUTOR AND EXECUTRIX

I direct my personal representative shall have broad discretion in the administration of my Estate, without the necessity of court approval. I grant unto my personal representative all powers allowable under the laws of the State of Pennsylvania including but not limited to the following:

- a. To sell, lease, or offer on a lease purchase, any real or personal property for such time and upon such terms and conditions in such manner as may be deemed advisable by my personal representative.
- b. To settle, adjust, dissolve, windup, or continue any partnership or other entity in which I may own a partnership or equity interest at the time of my death, subject to the terms of any partnership agreement to which I am a party at the time of my death. I authorize my personal representative to continue in any partnership or other entity for such periods and upon such terms as he, she or they shall determine. My personal representative shall not be disqualified by reason of being a partner, equity owner, or title holder in such partnership from participating on behalf of my estate in any dealings herein authorized to be carried on between my personal representative and the partners or equity owners of said partnership or other entity.

IX. PROTECTIVE PROVISION

No beneficiary may assign or transfer his or her interest under this instrument, and no person with a claim against a beneficiary may reach any such interest before it is distributed to the beneficiary.

X. TAXES

All estate and inheritance taxes payable by reason of my death shall be paid as an administrative expense from the principal of my residuary estate before its division into shares or trusts.

XI. BURIAL INSTRUCTIONS

I desire to be buried in the _____ cemetery, located at _____.

XII. SIGNATURE

I _____ having signed this will in the presence of _____ and _____ who attested it at my request on this the _____ day of _____ 20____ at _____ hereby declare this to be my last will and testament.

SIGNATURE _____ DATE: _____

The above and foregoing Will of _____ was declared by testator in our presence to be his Will and was signed and subscribed by him in our view and presence and at his request and in the view and presence of each other, we, the undersigned, witnessed and attested the due execution of the Will of _____ on this the _____ day of _____, 20____.

WITNESS 1: NAME: _____

ADDRESS: _____

PHONE: Home _____ Work _____

SIGNATURE: _____ DATE: _____

WITNESS 2: NAME: _____

ADDRESS: _____

PHONE: Home _____ Work _____

SIGNATURE: _____ DATE: _____

Additional considerations: 3d witness, simultaneous death, empower vs. direct, postmortem entitlement, self-proving affidavit

**DURABLE HEALTH CARE POWER OF ATTORNEY AND HEALTH CARE TREATMENT
INSTRUCTIONS (LIVING WILL)**

**PART I
DURABLE HEALTH CARE POWER OF ATTORNEY**

I,....., of County, Pennsylvania, appoint the person named below to be my health care agent to make health and personal care decisions for me.

Effective immediately and continuously until my death or revocation by a writing signed by me or someone authorized to make health care treatment decisions for 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.

The remainder of this document will take effect when and only when I lack the ability to understand, make or communicate a choice regarding a health or personal care decision as verified by my attending physician. My health care agent may not delegate the authority to make decisions.

MY HEALTH CARE AGENT HAS ALL OF THE FOLLOWING POWERS SUBJECT TO THE HEALTH CARE TREATMENT INSTRUCTIONS THAT FOLLOW IN PART III [CROSS OUT ANY POWERS YOU DO NOT WANT TO GIVE YOUR health care AGENT]:

1. To authorize, withhold or withdraw medical care and surgical procedures.
2. To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
3. To authorize my admission to or discharge from a medical, nursing, residential or similar facility and to make agreements for my care and health insurance for my care, including hospice and/or palliative care.
4. To hire and fire medical, social service and other support personnel responsible for my care.
5. To take any legal action necessary to do what I have directed.
6. To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order, and sign any required documents and

consents.

PART II APPOINTMENT OF HEALTH CARE AGENT:

I appoint the following health care agent:

Health care agent:..... (Name and relationship)

Address:

.....

.....

Telephone Number: Home..... Work.....

E-mail:

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. [It is helpful, but not required, to name alternative health care agents.]

First Alternative Health Care Agent: (Name and relationship)

Address:

.....

.....

Telephone Number: Home..... Work.....

E-mail:

GUIDANCE FOR HEALTH CARE AGENT (OPTIONAL)

GOALS

If I have an end-stage medical condition or other extreme irreversible medical condition, my goals in making medical decisions are as follows (insert your personal priorities such as comfort, care, preservation of mental function, etc.):

SEVERE BRAIN DAMAGE OR BRAIN DISEASE

If I should suffer from severe and irreversible brain damage or brain disease with no realistic hope of significant recovery, I would consider such a condition intolerable and the application of aggressive medical care to be burdensome. I therefore request that my health care agent respond to any intervening (other and separate) life-threatening conditions in the same manner as directed for an end-stage medical condition or state of permanent unconsciousness as I have indicated below.

Initials.....I agree

Initials.....I disagree

PART III

**HEALTH CARE TREATMENT INSTRUCTIONS IN THE EVENT OF
END-STAGE MEDICAL CONDITION OR PERMANENT UNCONSCIOUSNESS (LIVING WILL)**

The following health care treatment instructions exercise my right to make my own health care decisions. These instructions are intended to provide clear and convincing evidence of my wishes to be followed when I lack the capacity to understand, make or communicate my treatment decisions:

A. IF I HAVE AN END-STAGE MEDICAL CONDITION (WHICH WILL RESULT IN MY DEATH, DESPITE THE INTRODUCTION OR CONTINUATION OF MEDICAL TREATMENT) OR AM PERMANENTLY UNCONSCIOUS SUCH AS AN IRREVERSIBLE COMA OR AN IRREVERSIBLE VEGETATIVE STATE AND THERE IS NO REALISTIC HOPE OF SIGNIFICANT RECOVERY, ALL OF THE FOLLOWING APPLY (CROSS OUT ANY TREATMENT INSTRUCTIONS WITH WHICH YOU DO NOT AGREE):

_____1. 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.

_____2. I direct that all life prolonging procedures be withheld or withdrawn.

_____3. In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I do do not want cardiac resuscitation.

I do do not want mechanical respiration.

I do do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I do do not want blood or blood products.

I do do not want any form of surgery or invasive diagnostic tests.

I do do not want kidney dialysis.

I do do not want antibiotics.

Please indicate whether you want nutrition (food) or hydration (water) medically supplied by a tube into your nose, stomach, intestine, arteries, or veins if you have an end-stage medical condition or are permanently unconscious and there is no realistic hope of significant recovery.

(Initial only one statement.)

TUBE FEEDINGS

.....I want tube feedings to be given

OR

NO TUBE FEEDINGS

.....I do not want tube feedings to be given.

B. HEALTH CARE AGENT'S USE OF INSTRUCTIONS

(INITIAL ONE OPTION ONLY)

.....My health care agent must follow these instructions.

OR

.....These instructions are only guidance. My health care agent shall have final say and may override any of my instructions. (Indicate any exceptions)

D. LEGAL PROTECTION:

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. On behalf of myself, my executors and heirs, I further hold my health care agent and my health care providers harmless and indemnify them against any claim for their good faith actions in recognizing my health care agent's authority or in following my treatment instructions.

E. ORGAN DONATION:

(INITIAL ONE OPTION ONLY)

.....I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education. (Insert any limitations you desire on donation of specific organs or tissues or uses for donation of organs and tissues.)

OR

.....I do not consent to donate my organs or tissues at the time of my death.

F. SIGNATURE

Having carefully read this document, I have signed it this.....day of....., 20....., revoking all previous health care powers of attorney and health care treatment instructions.

SIGNATURE:DATE:

(SIGN FULL NAME HERE FOR HEALTH CARE POWER OF ATTORNEY AND HEALTH CARE TREATMENT INSTRUCTIONS)

WITNESS 1: NAME:.....

ADDRESS:.....

.....

.....

PHONE: Home..... Work.....

SIGNATURE:DATE:.....

WITNESS 2: NAME:.....

ADDRESS:.....

.....

.....

PHONE: Home..... Work.....

SIGNATURE:DATE:.....

Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person who signs this document on behalf of and at the direction of a principal may not be a witness. (It is preferable if the witnesses are not your heirs, nor your creditors, nor employed by any of your health care providers.)

G. NOTARIZATION (OPTIONAL)

(Notarization of document is not required by Pennsylvania law, but if the document is both witnessed and notarized, it is more likely to be honored by the laws of some other states.)

On this.....day of, 20....., before me personally appeared the aforesaid declarant and principal, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of....., State of..... the day and year first above written.

Notary Public

My commission expires: