Back to Homepage

Projects and Lawclerks are always confidential. Express permission was obtained for the example below.

WILL AND POWERS OF ATTORNEY

ESTATE PLANNING

PROJECT DESCRIPTION

Prepare simple will and powers of attorney for a single client with no children. Drafting specifics to be provided to selected applicant.

Applicable jurisdiction: Nevada

Flat Fee Price for Project:
$200

Amount Billed to Attorney's Client:
$600

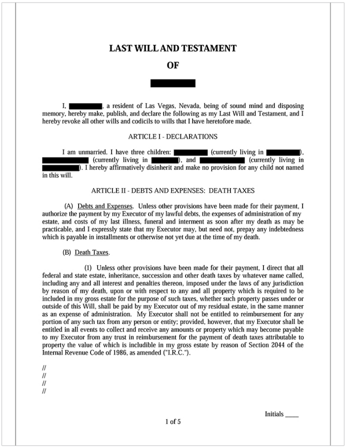
Attorney Profit:
$400

Area of Law:
Wills and Trust

Application Period:
1 Day

Project Completed:
2 Weeks

REGISTER FOR FREE



LAST WILL AND TESTAMENT

OF

[redacted]

I, [redacted], a resident of Las Vegas, Nevada, being of sound mind and disposing memory, hereby make, publish, and declare the following as my Last Will and Testament, and I hereby revoke all other wills and codicils to wills that I have heretofore made.

ARTICLE I - DECLARATIONS

I am unmarried. I have three children: [redacted] (currently living in [redacted]), [redacted] (currently living in [redacted]), and [redacted] (currently living in [redacted]). I hereby affirmatively disinherit and make no provision for any child not named in this will.

ARTICLE II - DEBTS AND EXPENSES: DEATH TAXES

(A) Debts and Expenses. Unless other provisions have been made for their payment, I authorize the payment by my Executor of my lawful debts, the expenses of administration of my estate, and costs of my last illness, funeral and interment as soon after my death as may be practicable, and I expressly state that my Executor may, but need not, prepay any indebtedness which is payable in installments or otherwise not yet due at the time of my death.

(B) Death Taxes.

(1) Unless other provisions have been made for their payment, I direct that all federal and state estate, inheritance, succession and other death taxes by whatever name called, including any and all interest and penalties thereon, imposed under the laws of any jurisdiction by reason of my death, upon or with respect to any and all property which is required to be included in my gross estate for the purpose of such taxes, whether such property passes under or outside of this Will, shall be paid by my Executor out of my residual estate, in the same manner as an expense of administration. My Executor shall not be entitled to reimbursement for any portion of any such tax from any person or entity; provided, however, that my Executor shall be entitled in all events to collect and receive any amounts or property which may become payable to my Executor from any trust in reimbursement for the payment of death taxes attributable to property the value of which is includible in my gross estate by reason of Section 2044 of the Internal Revenue Code of 1986, as amended ("I.R.C.").

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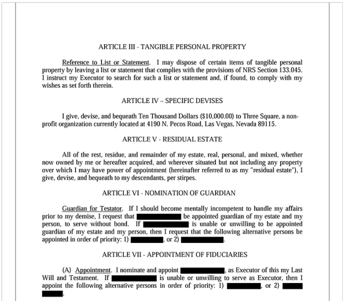
Initials ____

1 of 5



ARTICLE III - TANGIBLE PERSONAL PROPERTY

Reference to List or Statement. I may dispose of certain items of tangible personal property by leaving a list or statement that complies with the provisions of NRS Section 133.045. I instruct my Executor to search for such a list or statement and, if found, to comply with my wishes as set forth therein.

ARTICLE IV – SPECIFIC DEVISES

I give, devise, and bequeath Ten Thousand Dollars ($10,000.00) to Three Square, a non-profit organization currently located at 4190 N. Pecos Road, Las Vegas, Nevada 89115.

ARTICLE V - RESIDUAL ESTATE

All of the rest, residue, and remainder of my estate, real, personal, and mixed, whether now owned by me or hereafter acquired, and wherever situated but not including any property over which I may have power of appointment (hereinafter referred to as my "residual estate"), I give, devise, and bequeath to my descendants, per stirpes.

ARTICLE VI - NOMINATION OF GUARDIAN

Guardian for Testator. If I should become mentally incompetent to handle my affairs prior to my demise, I request that [redacted] be appointed guardian of my estate and my person, to serve without bond. If [redacted] is unable or unwilling to be appointed guardian of my estate and my person, then I request that the following alternative persons be appointed in order of priority: 1) [redacted], or 2) [redacted].

ARTICLE VII - APPOINTMENT OF FIDUCIARIES

(A) Appointment. I nominate and appoint [redacted], as Executor of this my Last Will and Testament. If [redacted] is unable or unwilling to serve as Executor, then I appoint the following alternative persons in order of priority: 1) [redacted], or 2) [redacted].

(B) Resignation. Any Fiduciary may resign, by written notice to the then adult parties in interest and to the other Fiduciaries, if any, but if there be no such parties, then to the court having jurisdiction over the administration of my estate.

(C) Successors. Successor Fiduciaries shall have all the powers and discretions and be subject to all restrictions to the same extent and in the same manner as herein conferred or imposed upon the initial Fiduciaries.

(D) No Bond. No bond or other security shall ever be required of any Fiduciary serving hereunder to secure the faithful performance of duties in such capacity.

(E) Compensation. Each Fiduciary hereunder shall be entitled to reasonable compensation for services and reimbursement for necessary expenses.

(F) No Personal Liability. No individual or personal liability shall be asserted against any non-corporate Fiduciary in the absence of fraud or overreaching for personal benefit, and such Fiduciaries shall not, in the good faith exercise of any duties, powers, or discretions given by law or in this Will, be liable for any loss or damage to my estate.

ARTICLE VIII - POWERS OF FIDUCIARIES

(A) Powers. Each Fiduciary serving hereunder shall have full power to do all things the Fiduciary deems necessary or advisable for the administration of my estate without obtaining the approval of any court. Subject only to that proviso and any other limitations herein expressly set forth, my Fiduciaries shall in general have the power to perform any and all acts in relation to my estate and the properties thereof in the same manner and to the same extent as I myself could lawfully do with respect to such property if I were then alive and the outright owner thereof. Specifically, my Fiduciaries shall have the broadest discretion and powers, including, without limitation by reason of this enumeration, the following:

(1) Powers Enumerated in NRS 163.265 to 163.410. Each and every power enumerated in NRS 163.265 to 163.410, inclusive, as they existed immediately prior to the time of the execution of this Will; and for that purpose, NRS 163.265 to 163.410, inclusive, are incorporated herein by reference, with the same effect as though such language was set forth verbatim.

(2) Tax Elections. The power to make decisions whether or not to exercise elections or options permitted or required under the Internal Revenue Code or under state statutes and amendments thereto which may affect the amount of state and federal death taxes payable with respect to my estate, including the election under I.R.C. Section 2056(b)(7), and/or which may affect the amount of state and federal income taxes payable by my estate. While such decisions may affect the ultimate amounts available for distribution to one or more of the beneficiaries under the terms of this Will, my Fiduciaries need not make any adjustment to the amount that a beneficiary will receive hereunder to compensate for the fact that the beneficiary might have received a greater or lesser amount if the Fiduciaries had made a different decision in reference to any such matter.

(B) Discretionary Decisions Final. Decisions and actions taken or not taken by my Fiduciaries "in their discretion" shall be conclusive and free from question by anyone or in any court.

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ARTICLE IX - DEFINITIONS

(A) Issue. The word "issue" shall mean lineal descendants, and include issue born before and after execution of this Will. In addition, for all purposes, a legally adopted person (whether adoption occurs before or after execution of this Will) shall be considered to be a natural born child of the adopting parent, and the issue, by blood or adoption, of a legally adopted person, shall be considered to be issue of the adopting parent. A person born after the death of his parent shall be regarded as a person in being during the period of gestation.

(B) Fiduciaries. The word "Fiduciaries" shall mean the Executors, and special administrators, administrators with the Will annexed and Trustees, if any, who are from time to time serving hereunder.

(C) Number. All words used in the singular or plural number shall, where appropriate, extend to and include the other number; and, in particular, whether one or more than one Fiduciary is (or are) acting hereunder, descriptions either in singular or plural number throughout this Will shall be deemed to be in the proper number in each instance.

(D) Gender. All words used in the masculine, feminine or neuter gender shall, where appropriate, extend to and include the other two genders as well.

(E) Internal Revenue Code. The words "Internal Revenue Code" shall mean the United States Internal Revenue Code of 1986 as amended from time to time.

ARTICLE X – CONTEST PROVISION

If any person directly or indirectly attempts to contest or oppose the validity of my Will, (including any codicil to my Will), or commences, continues or prosecutes any legal proceedings to set my Will aside, then that person will forfeit his or her share, cease to have any right or interest in my estate, and will, for purposes of my Will, be deemed to have predeceased me.

REST OF PAGE INTENTIONALLY LEFT BLANK

I, [redacted], sign my name to this instrument consisting of five (5) pages on November ___, 2017 and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

____
[redacted], Testator

Under penalty of perjury pursuant to the law of the State of Nevada, the undersigned ____________________________ and ______________________________ declare that the following is true of their own knowledge: That they witnessed the execution of the foregoing Will of the Testator, [redacted]; that the Testator subscribed the Will and declared it to be her Last Will and Testament in their presence; that they thereafter subscribed the Will as witnesses in the presence of the Testator and in the presence of each other and at the request of the Testator; and that the Testator at the time of the execution of the Will appeared to them to be of full age and of sound mind and memory.

Dated this ______ day of ________________, 2017.

Declarant 1 – ______________________	*Declarant 2 –* ______________________
Residing at:	Residing at:

STATUTORY FORM POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU. 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.

2. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

3. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.

4. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

5. 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.

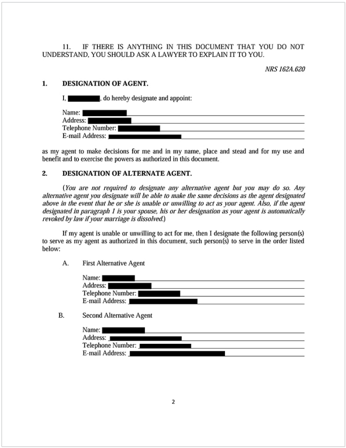
6. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

7. 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.

8. 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.

9. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.

10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.



11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

NRS 162A.620

1. DESIGNATION OF AGENT.

I, [redacted], do hereby designate and appoint:

Name: [redacted]
Address: [redacted]
Telephone Number: [redacted]
E-mail Address: [redacted]

as my agent to make decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document.

2. DESIGNATION OF ALTERNATE AGENT.

(*You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.*)

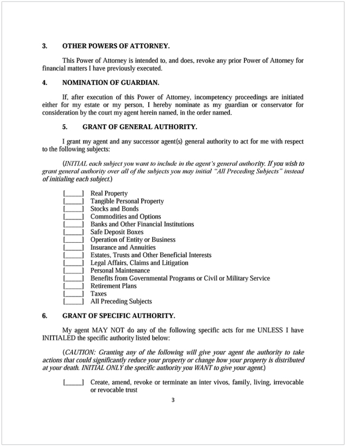
If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

A. First Alternative Agent

Name: [redacted]
Address: [redacted]
Telephone Number: [redacted]
E-mail Address: [redacted]

B. Second Alternative Agent

Name: [redacted]
Address: [redacted]
Telephone Number: [redacted]
E-mail Address: [redacted]



3. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed.

4. NOMINATION OF GUARDIAN.

If, after execution of this Power of Attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

5. GRANT OF GENERAL AUTHORITY.

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

(*INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.*)

[_____] Real Property
[_____] Tangible Personal Property
[_____] Stocks and Bonds
[_____] Commodities and Options
[_____] Banks and Other Financial Institutions
[_____] Safe Deposit Boxes
[_____] Operation of Entity or Business
[_____] Insurance and Annuities
[_____] Estates, Trusts and Other Beneficial Interests
[_____] Legal Affairs, Claims and Litigation
[_____] Personal Maintenance
[_____] Benefits from Governmental Programs or Civil or Military Service
[_____] Retirement Plans
[_____] Taxes
[_____] All Preceding Subjects

6. GRANT OF SPECIFIC AUTHORITY.

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 ONLY the specific authority you WANT to give your agent.*)

[_____] Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust

[_____] Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
[_____] Create or change rights of survivorship
[_____] Create or change a beneficiary designation
[_____] 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
[_____] Disclaim or refuse an interest in property, including a power of appointment

7. LIMITATION ON AGENT'S AUTHORITY.

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

8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

____
____
____

9. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)

[_____] DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity
[_____] SPRINGING POWER. It is my intention and direction that my designated agent, and any person or entity that my designated agent may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designated agent to act in accordance with this Power of Attorney.
[_____] I wish to have this Power of Attorney become effective on the following date: ______________________ (date).
[_____] I wish to have this Power of Attorney end on the following date: ______________________ (date).

10. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency who relies upon the representation of my agent, or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise any power unless a third party knows or has reason to know this Power of Attorney has terminated or is invalid.

11. RELEASE OF INFORMATION.

I agree to authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to my assets or income, to my agent named herein.

12. SIGNATURE AND ACKNOWLEDGMENT. YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney on this _____ day of ________________, 2017, at Las Vegas, Nevada.

____
[redacted]

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the _____ day of ________________, 2017, before me the undersigned Notary Public, personally appeared [redacted], known to me to be the person described herein and who executed the foregoing STATUTORY FORM POWER OF ATTORNEY, and duly acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

____
NOTARY PUBLIC in and for said
County and State

IMPORTANT INFORMATION FOR AGENT

1. 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:

(a) 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;

(b) Act in good faith;

(c) Do nothing beyond the authority granted in this Power of Attorney; and

(d) 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

2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

(a) Act loyally for the principal's benefit;

(b) Avoid conflicts that would impair your ability to act in the principal's best interest;

(c) Act with care, competence, and diligence;

(d) Keep a record of all receipts, disbursements and transactions made on behalf of the principal;

(e) 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

(f) 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.

3. 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:

(a) Death of the principal;

(b) The principal's revocation of the Power of Attorney or your authority;

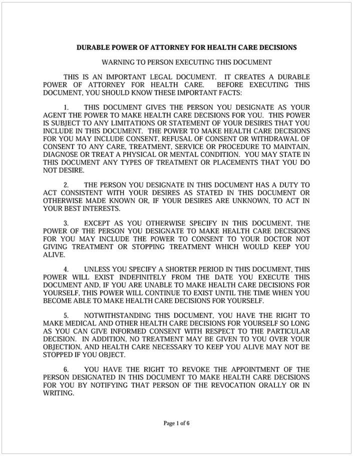
(c) The occurrence of a termination event stated in the Power of Attorney;

(d) The purpose of the Power of Attorney is fully accomplished; or

(e) If you are married to the principal, your marriage is dissolved.

4. Liability of Agent. The meaning of the authority granted to you is defined in NRS 162A.200 to 162A.660, inclusive. If you violate NRS 162A.200 to 162A.660, inclusive, or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.

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



DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR HEALTH CARE. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENT OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE CONSENT, REFUSAL OF CONSENT OR WITHDRAWAL OF CONSENT TO ANY CARE, TREATMENT, SERVICE OR PROCEDURE TO MAINTAIN, DIAGNOSE OR TREAT A PHYSICAL OR MENTAL CONDITION. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT OR PLACEMENTS THAT YOU DO NOT DESIRE.

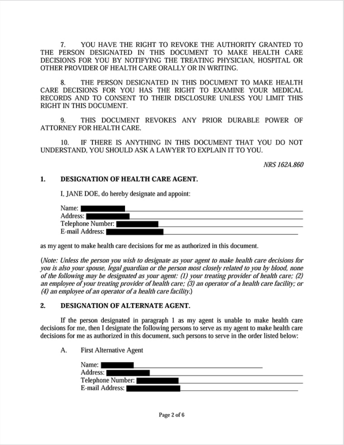
2. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THE POWER OF THE PERSON YOU DESIGNATE TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE THE POWER TO CONSENT TO YOUR DOCTOR NOT GIVING TREATMENT OR STOPPING TREATMENT WHICH WOULD KEEP YOU ALIVE.

4. UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THIS POWER WILL EXIST INDEFINITELY FROM THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF, THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF.

5. NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED IF YOU OBJECT.

6. YOU HAVE THE RIGHT TO REVOKE THE APPOINTMENT OF THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THAT PERSON OF THE REVOCATION ORALLY OR IN WRITING.



7. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THE TREATING PHYSICIAN, HOSPITAL OR OTHER PROVIDER OF HEALTH CARE ORALLY OR IN WRITING.

8. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

9. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

10. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

NRS 162A.860

1. DESIGNATION OF HEALTH CARE AGENT.

I, JANE DOE, do hereby designate and appoint:

Name: [redacted]
Address: [redacted]
Telephone Number: [redacted]
E-mail Address: [redacted]

as my agent to make health care decisions for me as authorized in this document.

(*Note: Unless the person you wish to designate as your agent to make health care decisions for you is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your agent: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.*)

2. DESIGNATION OF ALTERNATE AGENT.

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Agent

Name: [redacted]
Address: [redacted]
Telephone Number: [redacted]
E-mail Address: [redacted]

B. Second Alternative Agent

Name: [redacted]____
Address: [redacted]___________________________________
Telephone Number: [redacted]______________________________
E-mail Address: [redacted]__________________________

3. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

4. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the agent named above full power and authority: to make health care decisions for me before or after my death, including consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition; to request, review and receive any information, verbal or written, regarding my physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records, EXCEPT any power to enter into any arbitration agreements or execute any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility; and subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

5. SPECIAL PROVISIONS AND LIMITATIONS.

(Your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion. If there are any other types of treatment or placement that you do not want your agent's authority to give consent for or other restrictions you wish to place on his or her agent's authority, you should list them in the space below. If you do not write any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, the authority of my agent is subject to the following special provisions and limitations:

____
____
____

6. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for

myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

(IF APPLICABLE)

I wish to have this power of attorney end on the following date: ____________________

7. STATEMENT OF DESIRES.

With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.

If the statement reflects your desires, initial the line at the end of the statement.

1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures. ______________

2. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) ______________

3. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) ______________

4. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld. ______________

5. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My agent is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life. ______________

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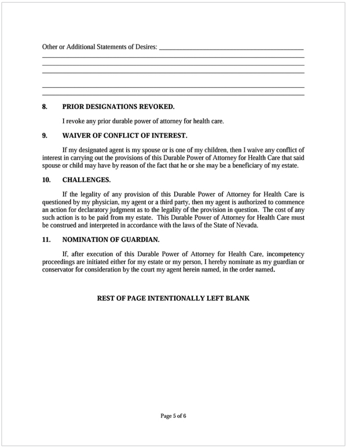

Other or Additional Statements of Desires: ______________________________________

8. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

9. WAIVER OF CONFLICT OF INTEREST.

If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate.

10. CHALLENGES.

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by my physician, my agent or a third party, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. This Durable Power of Attorney for Health Care must be construed and interpreted in accordance with the laws of the State of Nevada.

11. NOMINATION OF GUARDIAN.

If, after execution of this Durable Power of Attorney for Health Care, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

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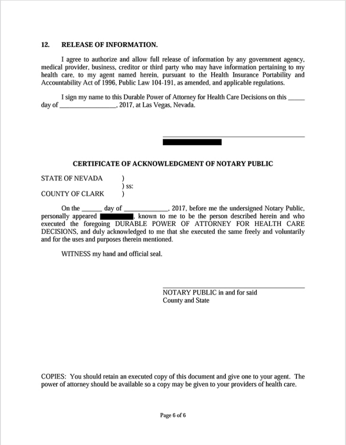


12. RELEASE OF INFORMATION.

I agree to authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

I sign my name to this Durable Power of Attorney for Health Care Decisions on this _____ day of ________________, 2017, at Las Vegas, Nevada.

____
[redacted]

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

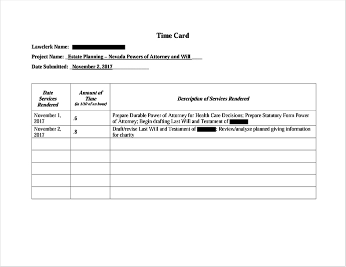
STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the ______ day of _____________, 2017, before me the undersigned Notary Public, personally appeared [redacted], known to me to be the person described herein and who executed the foregoing DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS, and duly acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

____
NOTARY PUBLIC in and for said
County and State

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.



Time Card

Lawclerk Name: [redacted]
Project Name: Estate Planning – Nevada Powers of Attorney and Will
Date Submitted: November 2, 2017

Date Services Rendered	*Amount of Time (in 1/10 of an hour)*	*Description of Services Rendered*
November 1, 2017	.6	Prepare Durable Power of Attorney for Health Care Decisions; Prepare Statutory Form Power of Attorney; Begin drafting Last Will and Testament of [redacted]
November 2, 2017	.8	Draft/revise Last Will and Testament of [redacted]: Review/analyze planned giving information for charity

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