TAKING ON THE CHALLENGES WITH PASSION AND PURPOSE

GUIDE TO GUARDIANSHIP, POWERS OF ATTORNEY, AND ADVANCE HEALTHCARE DIRECTIVES

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The conversation about loss of legal capacity is a difficult and sensitive one. At its core are upsetting, potential realities, such as an aging parent battling dementia, a spouse getting injured in an accident, or a variety of other medical conditions that leave a loved one unable to make sound decisions for themselves.

Incapacity can happen gradually over years or in the blink of an eye. In its wake, families are left to decide what’s best for a relative who can no longer express their wishes regarding their healthcare, welfare, or finances.

It’s a situation no one should ever have to face. But for those who must, we can help make it easier.
At Transamerica, we have made it our ongoing mission to help provide the best education, resources, and support to help families prepare for potential incapacity. As part of that mission, we have collaborated with the Massachusetts Institute of Technology (MIT) AgeLab, a research initiative that explores issues that impact the quality of life of older people. One powerful statistic in particular brings the critical and growing importance of preparing for incapacity into sharp relief:

It is estimated that 6.5 million Americans over the age of 65 have Alzheimer’s. Without a medical breakthrough, that number may grow to 12.7 million by 2050.*

Propelled by that sense of purpose and urgency, the goal of this guide is to:

• Define loss of capacity, guardianship, power of attorney, healthcare directives,** and other central terms
• Identify and simplify the key legal, healthcare, and financial issues to address when preparing for incapacity
• Empower you to make healthy and informed decisions if faced with the long term care of a loved one or to guide you in your own personal estate planning
• And above all, to retain the dignity, protect the values, and honor the wishes of an incapacitated family member

*Alzheimer’s Association, 2022
**The laws regarding guardianship and conservatorship, powers of attorney, and advance healthcare directives can vary significantly from state to state. A qualified elder law attorney can help you navigate the laws of your state. The following is offered as general information based on sources that consider the laws of all 50 states, such as the National Conference of Commissioners on Uniform State Laws, the American Bar Association, and the National Academy of Elder Law Attorneys. However, it is not intended as legal advice and you should consult a qualified attorney for answers to your specific questions.
Here are the key topics we’ll explore to help families faced with an incapacity event, or to simply aid in personal estate planning:

- Glossary of terms 5
- Guardianship explained 6
- Understanding Powers of Attorney 9
  - Power of Attorney for Finances 11
  - Power of Attorney for Healthcare 14
- Advance Healthcare Directives 16
  - Living Will 17
  - Do Not Resuscitate Orders 18
- Conclusion: Taking the first step to planning 19
GLOSSARY: UNDERSTANDING THE TERMINOLOGY

The first step in a meaningful conversation about incapacity is to speak the language. These definitions will help to simplify and familiarize you with the complex legal terms at the core of the issue.

INCAPACITY OR LOSS OF LEGAL CAPACITY
The sudden or eventual inability of a person to make basic decisions about their healthcare, finances, property, and other personal affairs, or the inability to communicate those decisions to others due to a disease or accident.

PRINCIPAL
An individual who grants authority to an agent in a power of attorney. In this context, it is the patient who is legally incapacitated.

AGENT
A person granted authority to act for a principal under a power of attorney, whether denominated as an agent, attorney-in-fact, or otherwise. That is, the person designated by the incapacitated individual (such as through a living will).

POWERS OF ATTORNEY
A legal document that grants authority to an agent to act on behalf of a principal. Powers of attorney are often used to give an agent the authority to manage the financial affairs or healthcare of a principal. In other words, it formalizes the transfer of legal authority from the patient to his or her designated agent.

DURABLE
With respect to a power of attorney, the term “durable” means not terminated by the principal’s incapacity.

ADVANCE HEALTHCARE DIRECTIVE
Can refer to any legal document used to plan for the healthcare of an incapacitated person or address end-of-life issues. Common advance healthcare directives include a durable power of attorney for healthcare and a living will.

DURABLE POWER OF ATTORNEY FOR HEALTHCARE
A legal document that grants an agent the legal authority to make healthcare decisions for a principal in the event of the principal’s incapacity.

LIVING WILL
A written expression of how a person wishes to be treated in certain medical circumstances that could result in that person’s death.

GUARDIAN
A person appointed by a court to manage the personal affairs of someone who lacks the legal capacity to manage his or her own affairs. This can include making decisions on healthcare and other personal care issues (“guardian of the person”) or managing personal property and assets (“guardian of the estate”).

CONSERVATOR
A person appointed by a court to manage the property of another. A conservator is sometimes referred to as a “guardian of the estate.”

WARD
An individual for whom a guardian has been appointed.

SURROGATE
An individual allowed under state law to make healthcare decisions for another based on his or her relationship to the incapacitated person. For example, state law may allow for a spouse or adult child to act as a surrogate for healthcare decisions.

Tip:
Refer back to this glossary as you read through the guide to refresh your memory on key definitions as needed.
GUARDIANSHIP EXPLAINED

Guardianship enters the long term care discussion when a family member loses legal capacity without having made prior plans for carrying out their personal wishes for their healthcare, finances, or estate (such as through a living will).

Perhaps the most important factor to keep in mind is that guardianship introduces court involvement and oversight into many matters regarding the ward’s care and estate. Simply put, even if you are appointed the legal guardian, you’re still accountable to the court for decisions you make on the ward’s behalf.

OTHER KEY CONSIDERATIONS INCLUDE:

- While guardianship transfers the ability to act on behalf of an incapacitated person, it also removes that person’s right to act on his or her own behalf. Therefore, court proceedings are required to ensure the due process rights of the incapacitated person.¹

- The guardian can be given authority over the health and well-being of the incapacitated person (“guardian of the person”), the property of that person (“guardian of the estate”), or both.

- In some states, this process is referred to as “conservatorship,” which appoints a conservator over the property of an incapacitated person. Essentially, conservatorship is a synonymous term for “guardianship of the estate.”²

- If only the power to make healthcare decisions is required or if incapacity is expected to be temporary, then some states allow for the recognition of a surrogate. A surrogate is someone authorized to make healthcare decisions for an incapacitated person by virtue of his or her relationship to that person, such as a spouse or adult child.³

- In certain cases, surrogacy may be a simpler legal option than guardianship.

Be sure to talk through the pros and cons of guardianship with a qualified elder law attorney before making any final decisions regarding you or your loved one’s long term care.
HOW TO ESTABLISH GUARDIANSHIP

Here’s how it typically works: When someone becomes incapacitated or shows signs of incapacity, anyone invested in the care of that person may petition a court to appoint them as a legal guardian. In most cases, this person is a spouse or a family member, but they can also be unrelated. For example, a legal guardian could be a close friend.

- Most states require that the person seeking guardianship provide notice to family members as well as the (allegedly) incapacitated person, who has the right to contest the petition.
- At a hearing, the burden is on the party seeking guardianship to show that the respondent’s diminished capacity justifies the appointment of a guardian.
- If the petition is approved, the incapacitated person is thereafter referred to as the “ward.”
- As with most court proceedings, this process is open to the public. It may require the services of an attorney and may involve court costs. For these reasons, it is typically a path of last resort.

DUTIES OF A GUARDIAN

Guardianship carries with it profound responsibilities; it is not to be entered into lightly. A guardian has a fiduciary and ethical duty to always act in the best interests of the incapacitated patient, or ward. Most state laws also mandate that, to the extent possible, the guardian communicate with the ward and incorporate his or her wishes in both financial and healthcare decisions.

Additionally, guardianship involves time and other commitments. For example, in addition to court hearings, many states require the guardian to submit an annual report including the following information:

- Current mental, physical, and social status of the ward
- Living arrangements
- Services being provided to the ward (e.g., medical, social)
- Summary of guardian’s visits with the ward
- Plans for future care
- Recommendations for changes to guardianship arrangement

The general purpose of the report is to allow the court to evaluate the guardianship arrangement and determine whether any changes are needed.

Before taking on this crucial role, be sure you fully understand the responsibilities and requirements involved in becoming a legal guardian, and be confident in your ability to meet them.
LET’S GUARD OUR LOVED ONES WITH EVERYTHING WE’VE GOT

POWERS OF A GUARDIAN
Guardianship is rarely a “one-size-fits-all” role. Rather, courts generally try to tailor the scope of the guardianship based on the extent of the ward’s incapacity. Ideally, the scope of powers is clearly spelled out in the court’s order. If not, the guardian may have to consult state law for a full understanding of his or her responsibilities and expectations.7

GUARDIAN OF THE ESTATE
A guardian of the estate is given the general authority to manage the property of the ward. However, this shouldn’t be interpreted as free reign over the estate or assets. Some financial transactions may still require court approval, such as:

- Making gifts
- Disclaiming property
- Creating trusts
- Changing beneficiary designations
- Changing a will
- Revoking a power of attorney8

Remember: The guardian is duty-bound to act in the best interests of the ward at all times.

CONSENT TO MEDICAL CARE
Guardians may also be given the power to consent to medical care and treatment if the ward is unable to do so. However, certain conditions apply, including:

- Some states prohibit a guardian from consenting to certain medical procedures without court approval. This is especially true if the procedure would impact the ward’s constitutional rights, such as disconnecting life support or involuntary commitment to a mental health facility.
- In addition, some states will give an agent for healthcare (as appointed in a durable power of attorney for healthcare) priority over a court appointed guardian.9

WEIGHING THE PROS AND CONS
Overall, is guardianship a positive? In truth, there are shades of gray. Depending on your point of view, the pros and cons stem from the court’s involvement and oversight.

- **Pro:** Court involvement offers significant protections to the ward, so his or her fundamental rights should always be secure and assured.
- **Pro:** If you’re an inexperienced guardian, the court can provide useful guidance and supervision to help carry out your role effectively.
- **Con:** Some see the involvement of the court as less than desirable; this could be due to privacy concerns, or it could be because of the time and expense of petitions and hearings.
- **Con:** A guardian may be unnecessary if the ward has appointed an agent for healthcare or if state law authorizes the recognition of a surrogate for healthcare decisions.

UP NEXT: THE ADVANCED PLANNING ALTERNATIVE
There is an alternative to guardianship referred to as advanced planning. We’ll explore those avenues next.

Whether you’re exploring guardianship relating to a family member or simply being proactive in your own personal estate planning, it’s wise to take all the pros and cons into account.
USING POWERS OF ATTORNEY TO THE FULLEST
PROTECTING YOUR VOICE THROUGH ADVANCED PLANNING

Advanced planning is just what it sounds like: preparing ahead of time for your potential or eventual incapacity. The benefit here is obvious; you bypass the complexity and uncertainty of establishing legal guardianship after your loss of capacity. In this case, your wishes for the handling of your personal affairs are made clear before incapacity occurs.

For that reason, advanced planning is highly recommended for those at risk for incapacity. For example, this may include patients with dementia who understand that their mental capacity will gradually diminish over time as the disease progresses. Advanced planning empowers those individuals to take control of their long term care decisions before that happens.

Two advanced planning approaches are powers of attorney and advance healthcare directives. We’ll start with the first.

WHAT IS POWER OF ATTORNEY?
A power of attorney (POA) is a written document enabling an individual (“the principal”) to designate another person or persons as his or her “agent.” That agent is given the legal authority to act on the principal’s behalf. That authority can be all-encompassing or limited to only a certain scope of powers.

“DURABLE” POWER OF ATTORNEY
A POA can only be executed when a principal has legal capacity and may be terminated when he or she can no longer demonstrate that capacity. A “durable” power of attorney, on the other hand, is never terminated and remains in effect until the principal revokes it or passes away. Another distinction is a “springing” durable power of attorney, which does not become effective until the principal has been deemed legally incapacitated by a physician, licensed psychologist, attorney, judge, or government official.10

It’s critical for someone preparing for eventual incapacity to clearly designate their power of attorney as “durable.”

ISSUES TO CONSIDER

- Are there any common powers that the agent should not have?
- Do any special powers need to be added to the power of attorney?
- Who should serve as the agent?
- When will the power of attorney become effective?
- When will the power of attorney lapse?
Imagine no longer being able to balance your checkbook, pay bills, or manage your retirement savings. These are tasks you’ve done your whole life that have simply become too difficult to perform.

Sadly, this day comes for many patients with Alzheimer’s and dementia. That’s why, for those at risk, choosing someone to manage your finances prior to incapacity can ensure your financial well-being is placed in the capable hands of someone you know and trust.

A power of attorney for finances achieves this end by providing a relatively easy and flexible way to appoint an agent to manage one’s financial affairs.

In the role of agent, the individual is charged with:

- Carrying out the business of the principal with other people, businesses, and financial institutions (collectively referred to as a “person”)
- Acting consistently with the terms of power and in the principal’s best interest
- Involving the principal in all decisions when possible
- Keeping good records of all financial transactions
- Avoiding commingling the principal’s property with their own
- Volunteering their time and not charging a fee (unless authorized); however, they are entitled to be reimbursed for costs incurred in carrying out the principal’s business

WHAT EXACTLY DO THE POWERS INCLUDE?

To protect the principal and those with whom the agent does business, state laws set clear guidelines as to which powers a power of attorney for finances includes and which powers it does not.

It’s important to remember that every state’s laws are different. That said, generally included in the power of attorney for finances is the agent’s authority to:

- Manage real estate
- Manage bank accounts
- Manage brokerage accounts
- Operate the principal’s business
- Manage life insurance and annuities (but not to change beneficiaries)
- Manage the principal’s household (paying bills, etc.)
- Manage retirement accounts (but not to change beneficiaries)

Typically excluded is the agent’s power to:

- Create, amend, or revoke a trust
- Make gifts
- Change a beneficiary designation
- Disclaim an inheritance
- Delegate any power given in the power of attorney

Note that powers generally granted by law do not necessarily have to be extended by the principal to the agent. Conversely, powers generally not granted can be extended by the principal. These restrictions or inclusions, as the case may be, should be precisely specified in the language of the power of attorney.

A good rule of thumb with powers of attorney is, “When in doubt, spell it out.”
WHAT SHOULD I LOOK FOR WHEN SELECTING AN AGENT?

This is a personal choice that varies for every individual. Ideally, it should be someone you know and trust. Another simple guideline is to choose a person who’s simply good with money. Remember, your agent will have substantial access to and control of your financial accounts. So it naturally follows that someone with a subpar financial history is probably not the ideal person to place in charge of your own financial affairs.

As a rule, then, strive to select an agent who is:

- Financially literate and stable
- Familiar with the type of financial tasks he or she will be authorized to perform
- Measured, even-handed, and even-tempered
- Conciliatory, patient, and communicative
- Willing to receive input from loved ones, grant access to the principal, and be monitored
- Knowledgeable regarding the principal’s estate plan, intentions, and desires

DURATION OF A POWER OF ATTORNEY FOR FINANCES

As previously discussed, once a durable power of attorney is established, it typically does not lapse or expire unless the principal includes specific language in the power providing for a lapse or expiration. Again, there are several conditions that will usually terminate a power of attorney, including:

- The death of the principal
- Incapacity (unless the power is durable)
- The death of the agent, where the principal has not named a successor agent

REVOCATION

A principal can revoke a power of attorney at any time. In some states, if a spouse is named as an agent, any court filing seeking to end the marriage will automatically revoke the spouse-agent’s authority. If a revocation occurs, the principal should immediately notify not only the agent, but also anyone who has accepted the power of attorney. These persons are generally entitled to rely on the power until they get notice that it has been revoked or terminated.

TRUSTS

“Does a power of attorney allow the agent to assume the principal’s role as the trustee of a trust?” A popular question — and the answer varies among states. Therefore, it’s best to remove all doubt by clarifying in the trust itself rather than the POA document.

When considering a power of attorney for financial matters, think of someone who has shown good money management and decision-making in their own financial lives.

BENEFICIARY DESIGNATIONS

It’s a good idea to clearly state whether the agent has the authority to change beneficiary designations in the POA (including naming himself or herself as a beneficiary) because if the document is silent on beneficiary designations, the agent may not be able to change them.
PRESENTING A POWER OF ATTORNEY FOR FINANCES

So how does a power of attorney work in the real world? In the simplest terms, the agent presents a copy of the power of attorney to a person, business, or financial institution with whom he or she is handling affairs on the principal’s behalf. The power of attorney validates to the third-party that “I’m legally authorized to represent the principal in this transaction.”

Can a power of attorney be refused? It’s possible and does happen, but in general such refusals are considered invalid. In fact, in some states, if a recipient rejects a duly executed and notarized power of attorney, he or she may be liable to the principal for any costs incurred in proving its authenticity.17

Even after accepting a power of attorney, however, that person can still decline the instruction of an agent under certain circumstances:

• They would not be required to engage in the transaction with the principal.
• The requested transaction is illegal.
• They have knowledge that the power of attorney has terminated.
• They have a good faith belief that the agent does not have authority to perform the transaction.
• They or someone else has reported alleged elder abuse.18

EXPECT EXTRA CAUTION FROM FINANCIAL INSTITUTIONS

Financial institutions are obligated to exercise an abundance of caution when accepting a power of attorney, more so than an individual or independent business. For example, many financial institutions have detailed procedures in place to prevent financial abuse of the elderly. As a result, they may be reluctant to allow the agent to do anything not clearly authorized in the power of attorney.

SOCIAL SECURITY EXCEPTION

An exception to the rule is the Social Security Administration, which will not recognize a power of attorney regarding an incapacitated person’s Social Security benefits. Instead, they will require an agent to apply and be approved as a “representative payee.”

Visit socialsecurity.gov/payee for more information.
POWER OF ATTORNEY FOR HEALTHCARE

The impacts of incapacity aren't limited to finances. It can also leave one unable to communicate basic decisions about their healthcare. That's why the power of attorney for healthcare exists and can be so essential in setting the groundwork for your future long term care.

WHAT IT MEANS
Just like selecting a close and trusted person or agent to place in charge of your finances in the event of incapacity, you choose someone to represent your wishes and interests in your healthcare matters.

A durable power of attorney for healthcare and a HIPAA (the Health Insurance Portability and Accountability Act of 1996) authorization are important tools in preparing for incapacity. They allow the principal to personally select an appropriate person to oversee care while incapacitated. They also give the principal the power to access medical records, oversee medical care, select medical providers, and do anything else necessary to get the principal the needed care.

FACTORS TO CONSIDER:
- In a durable power of attorney for healthcare (often called a “healthcare proxy”), a principal can give an agent the power to make decisions about medical care when the principal cannot. Thus, it usually doesn’t become effective until the principal is incapacitated.
- Because a durable power of attorney for healthcare is typically only effective while the principal is incapacitated, one issue to consider is whether the agent will have access to medical records even when the principal is not incapacitated.
- If so, the principal will need to execute a HIPAA authorization. HIPAA imposes strict privacy guidelines on healthcare providers. Without a HIPAA authorization, the agent would only be able to access patient information while the durable power of attorney for healthcare is in force.

WHAT ARE THE HEALTHCARE AGENT’S POWERS?
The powers of an agent for healthcare are significant and serious. He or she has the power to decide everything, from the choice of doctor or hospital to authorizing or refusing medical treatment, including potentially lifesaving procedures such as artificial respiration, feeding tubes, and cardiopulmonary resuscitation.

As a basic guideline, the American Bar Association outlines nine distinct powers in its prototype durable power of attorney for healthcare. Included is the agent’s authority to:

- Agree to or refuse medical treatment. This includes certain care such as ventilators and feeding tubes, the refusal of which could hasten the principal’s death.
- Access medical records
- Request admission or discharge from a hospital, nursing home, or similar facility
- Apply for public or private health benefits
- Hire or fire doctors and other healthcare providers
- Authorize participation in medical research
- Agree to or refuse medication (including pain medication)
- Agree to organ donation
- Take legal action in the principal’s name

The principal is not required to give the agent any or all of these powers. If objected to on moral, religious, or other grounds, they can be excluded.

SELECTING AN AGENT YOU CAN TRUST WITH YOUR LIFE
Selecting the right healthcare agent is vitally important, as he or she may be called upon to make “life or death” decisions regarding your care. The American Bar Association offers these useful tips for choosing a caring and capable healthcare agent:

- Choose someone who is willing to talk with you about your wishes, will understand what you want, and will faithfully do as you’ve asked
- Choose someone who lives near you and could travel with you if needed
- Choose someone you would trust with your life
- Choose someone who can handle conflicting opinions from family, friends, and medical providers
- Choose someone who will be a strong advocate if a doctor or institution is unresponsive

The only legal requirements of an agent is that he or she must be an adult (18 years or older) of sound mind. In many states, however, people who are providing professional care to the principal (such as nursing home employees) are not allowed to serve as agents.
MAKING END-OF-LIFE DECISIONS ON YOUR TERMS
A final topic to consider is advance healthcare directives.

Whether someone is serving as a guardian, a surrogate, or an agent, the reality is that having to address end-of-life issues for an incapacitated person can be emotionally difficult. A principal can make it easier by clearly stating his or her wishes relative to end-of-life care. This can be accomplished by issuing an advance healthcare directive, such as a living will or a do not resuscitate (DNR) order, which is a written document stating how you wish to be treated when faced with life-threatening medical conditions.
A living will lets the guardian, surrogate, or agent, as well as healthcare providers, know what the principal’s wishes are relative to end-of-life care. For example, if you choose not to be on life support after brain activity ceases, a living will communicates that preference. By using a living will to clearly state wishes for end-of-life care, a principal can help ensure these difficult decisions can be made without unnecessary and stressful strife between family members and healthcare providers.

Common issues to address in a living will are:

- Whether the patient would want pain medication, even if there was a chance it could hasten death
- Whether he or she would want a serious operation or medical procedure, even if there was only a small chance of recovery
- Whether he or she would want to be kept alive with a ventilator or feeding tube
- Whether the patient consents to organ donation

It can also be helpful to include guidance on the medical conditions that would influence the principal’s decision. For example, a principal might be far less likely to want life-extending medical care if he or she could no longer recognize family members, had severe untreated pain, or was permanently confined to a nursing home. Simply put, there is no limit to how much information the principal can give the agent about his or her wishes. Communication is the key to carrying out the wishes of the principal.

Advance healthcare directives give an at-risk person the ability to dictate the terms of care even after incapacity strikes. It starts with selecting a capable and willing person to serve as an agent for healthcare and then outlining the authority. A living will can then be used to provide needed guidance not only to the agent, but to healthcare providers as well.

### Checklist to Finalize

Once you’ve prepared and executed your living will, power of attorney, advance care directive, or other legal directive:

- Make sure documents are notarized, if necessary
- Make sure your agent gets a copy
- Update as needed to reflect changes (name changes, address changes, etc.)
- Keep documents in a safe place and let your family know where they are
- As a backup, give copies to your family members
- Obtain certified copies of any guardianship orders
- Make sure all documents are complete and legible, and keep extra copies or an electronic version available
Some people with serious medical conditions may get to a point where they do not want to receive CPR in the event their heart stops. In some states, this may require a separate legal document call a “DNR Order” or “Comfort Care Only Order.” This may require the signature of not only the principal, but of the attending physician as well. The principal then gets a bracelet or other identification that alerts first responders to the patient’s wishes.

THE FIRST STEP TO LASTING PEACE OF MIND

TAking the First Step to Planning

We’ve covered a lot of ground in this guide, and it may take time to review, revisit, and process. But, the simplest key takeaway is this: Preparing in advance for the possibility of incapacity can make a world of difference in a critical moment.

The best way to start is by asking the basic questions posed in the “Issues to Consider” sidebar notes relating to potential incapacity. Ask questions such as the type of care you want, who you’d want to be your agent in financial and healthcare matters, and the powers you’d want the agent to have or not have, to name a few.

We realize these are by no means easy questions to ask and answer. But once you do, you will have taken the first step on the path to the security and reassurance that comes with preparing for you and your family.

We’ll emphasize once more that it is highly advisable to enlist a qualified elder law attorney in your planning. Your attorney can not only customize your documents to clearly state your personal wishes, but also ensure documentation complies with your state’s laws.

Finally, we’d like to say thank you. By starting the incapacity conversation now, you’ve taken a great first step toward lasting peace of mind.

Issues to Consider

- Who’s best suited to be your healthcare agent?
- Is that person willing to act as a healthcare agent?
- Do you or your agent have full access to your medical records?
- Have you discussed your wishes for care with that person?
- Are there any decisions you don’t want your agent to make for you?
When it comes to preparing for your future, there’s no time like the present.

Let’s get started today.

Visit: transamerica.com

1. What is Guardianship, National Guardianship Association, guardianship.org
3. Uniform Health-Care Decisions Act (1994), Section 5
11. Uniform Power of Attorney Act (2006), Section 203
12. Uniform Power of Attorney Act (2006), Section 201
13. Uniform Power of Attorney Act (2006), Section 119
14. Uniform Power of Attorney Act (2006), Section 120
15. Uniform Power of Attorney Act (2006), Section 120 (Alternative A)
16. Uniform Health-Care Decisions Act (1994), Section 2
18. Living Wills, Health Care Proxies, & Advance Health Care Directives, americanbar.org