

POWER OF ATTORNEY DOCUMENTS

Document 1

Letter of Understanding

Document 2

Power of Attorney—Limited

POWER OF ATTORNEY DOCUMENTS

LETTER OF UNDERSTANDING

TO: _____

I am enclosing a Power of Attorney in which I have named _____ as my attorney-in-fact. You and I have agreed that you will do the following:

1. Upon my written request, you will deliver the Power of Attorney to me or to any person whom I designate.
2. You will deliver the Power of Attorney to the person named as my attorney-in-fact (if more than one person is named, you may deliver it to either of them) if you determine, using your best and good faith judgment, that I am unable to conduct my business affairs due to disability, impairment, incapacity, illness, or absence. In deciding whether such condition exists, you may use any reasonable means you deem adequate, including consultation with my physician(s) and family members. I authorize any licensed physician, hospital, or other healthcare provider to disclose to [name(s)] any medical or mental health information reasonably necessary to determine whether I am unable to conduct my business affairs. If you act in good faith and with reasonable care, you will not be liable for any acts or omissions on your part in reliance upon your good faith determination, except for acts or omissions constituting gross negligence or willful misconduct.
3. If you incur reasonable and documented expenses in assessing whether I am unable to conduct my business affairs due to disability, impairment, incapacity, illness, or absence, or in the delivery of this Power of Attorney, I will compensate you for the expenses incurred within thirty (30) days of receiving an itemized invoice. You should show these signed directions to my attorney-in-fact along with records of expenses you incurred to claim reimbursement under this agreement.
4. You do not have any duty to check with me from time to time to determine whether I am able to conduct my business affairs. I expect that if this occurs, you will be notified by a family member, friend, or colleague of mine.

[Trusted Family Member or Friend/Attorney-in-Fact]

[Date]

[Planning Attorney]

[Date]

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