



AHAVA LAW

ADVANCE HEALTH CARE DIRECTIVE
& DURABLE POWER OF ATTORNEY

My Why

- Estate Planning: Planning for Life with YOUR Love!





By the
numbers 2022

Now with

Klinedinst
ATTORNEYS

- Launched AHAVA Law, P.C. on September 20, 2018
- 260+ Comprehensive Estate Plans Drafted
 - 160+ Provided Pro Bono through Veterans Legal Institute & other charitable organizations (estimated \$500,000 value)
- More than \$35,000 donated
 - To organizations that support veterans, community, and local charitable funds
- More than 1500 hours volunteered
 - OCBA/OCWLA/OCJBA/VLI

JOINED KLINEDINST PC in 2023!!



2019
Inaugural
California Lawyers Association
Excellence in Service Award

2020
Congressman Lou Correa
Woman of the Year

2021
Veterans Legal Institute
Lawyers for Warriors
Advocate of the Year

2022
CLIO Conference Finalist
Community Impact Award

What is in the folder?

- Bio & Speaking Topics
- Uniform Statutory Power of Attorney
- California Statutory Advance Health Care Directive

LEGAL DISCLAIMER

THE PURPOSE OF THIS PRESENTATION IS
ENTIRELY EDUCATIONAL.

TO PROVIDE INFORMATION ON THE
AVAILABLE RESOURCES.

THIS PRESENTATION IS NOT LEGAL ADVICE
AND DOES NOT CREATE AN ATTORNEY CLIENT
RELATIONSHIP.

UNIFORM POWER OF ATTORNEY

General Information

- Very Important to select someone you trust as your agent!
 - Powers are broad and sweeping!
 - I do not recommend co-agents!
- Read A through N first.
 - Then initial next to the powers you want to give.
- Special instructions, e.g. access to safe deposit box.
- “Springing” Power UNLESS you mark the box
- Durable = effective even when you are incapacitated
 - Strike out if you don’t want that
- Needs to be notarized!

UNIFORM POWER OF ATTORNEY

Specific Information

I, _____*your name*_____, of _____*your city*_____, California, appoint my _____*relationship + your agent's name*_____ as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects.

Example: I, Sarah Goldstein of Mission Viejo, California, appoint my husband Abraham Goldstein as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects.

UNIFORM POWER OF ATTORNEY

Specific Information

READ ALL OF THE POWERS FIRST!

Then if you want to grant all the powers, only initial next to the letter “N.”
If you only want to grant some of the powers, then initial next to those powers.

Special Instructions: such as safe deposit boxes.

Check the box if you want the powers to be effective immediately.
Otherwise, the powers will become effective upon your incapacity.

UNIFORM POWER OF ATTORNEY

The Power of Attorney MUST be notarized to be effective.

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

- Very Important to select someone you trust as your agent
- Pay attention to your own religious requirements..
- “Springing” Power UNLESS you mark the box
- “Pull the Plug?”
- Donate or Not? (State registry supersedes this).
- Can be witnessed, but this version needs to be notarized!

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

By this document, I, _____*your name*_____, intend to create and Advance Health Care Directive....

Example: By this document, I, *Sarah Goldstein*, intend to create and Advance Health Care Directive....

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 1.

I designate my _____*relationship+ name*_____, as my agent to make health care decisions for me.

Example: I designate my *husband*, *Abraham Goldstein*, as my agent to make health care decisions for me.

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 1.

1.2. Agent's Authority: List any limits to their authority, such as:

- ▶ Religious objections and expectations
- ▶ Personal objections

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 1.

1.3. Check the box if you want the Health Care Directive to be effective immediately, otherwise it will become effective upon your incapacity.

1.5. List any limitations to autopsy/organ donations

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 2.

2.1 Do you want to “pull the plug?”

2.2. Do you want to limit the relief from pain? (i.e. morphine)

2.3. Any other wishes?

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 3.

- 3.1 (a) Do NOT donate any organs (*check your ID*)
- (b) Donate ANY organs
- (c) Donate only SOME organs
- (d) Purpose of donation?

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

The Health Care Directive **MUST** be notarized to be effective.

Final Instructions

- Power of Attorney needs to be notarized.
- Advance Health Care Directive needs to be notarized.
- Store documents in a safe place (but not a safe deposit box).
- THIS IS A BARE MINIMUM PLAN!!!! We are happy to help you create a more personalized plan tailored to your specific needs.

Any Question



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