



Triage Cancer Estate Planning Toolkit: Oklahoma

Part II: Understanding Estate Planning Documents in Your State

State Laws About Wills

A will is a legal document that provides instructions for what you would like to have happen to your property upon death. A will is also a place where parents can name a guardian for any minor children or adult children with developmental disabilities.

Oklahoma probate courts accept written, holographic and oral wills. To make a valid written will in Oklahoma:

1. You need to be in the right state of mind to create a will. This means you need to be:
 - At least 18 years old
 - Of “sound mind” (meaning you know what you’re doing)
 - Free from coercion or outside pressure
2. You need to sign the will, in front of two witnesses who watched you sign the will.
3. You might also want to make your will “self-proving,” or accepted in probate court without the court needing to contact your witnesses. To do this, ask your witnesses to sign a statement that it was your intention to make the will and you did so without undue or coercive influence.

Due to the COVID-19 pandemic, Oklahoma now allows you to execute your will remotely (e.g. witness the signing of a will by teleconferencing). However, before you execute your will remotely, you should check your state’s laws to make sure that this is still allowed at the time you are executing your will.

A holographic will is one that is handwritten by you. To make a valid holographic will in Oklahoma:

1. You need to be in the right state of mind to create a will. This means you need to be:
 - At least 18 years old
 - Of “sound mind” (meaning you know what you’re doing)
 - Free from coercion or outside pressure
2. Your will must be written entirely in your handwriting and you must sign and date it

If you make a holographic will, it does not need to be signed by witnesses.

To make a valid oral will in Oklahoma, you must be in “in fear or peril of death,” or approaching death due to illness or injury, and in active military service or on duty on a shipboard at sea. The assets you distribute with your will cannot be worth more than \$1,000. To create an oral will, declare that this statement is your will in front of two witnesses. One will witness will need to confirm your will in probate court.

While oral and holographic wills are better than no will at all, experts recommend you make a written will if you can, to reduce potential problems in probate court.

State Laws About Financial Powers of Attorney

A power of attorney for financial affairs is a legal document where you (the principal) name a trusted adult (the agent) who is authorized to make financial decisions on your behalf.

In Oklahoma, the statutory form for power of attorney allows you to appoint someone to manage your finances, including assets like your property, taxes, and government benefits. This person can make all financial decisions for you, or you can limit their powers to specific areas, like filing taxes or banking. This document goes into effect when you sign it, unless you specify otherwise in the “special instructions” section. After that point, this document will remain in effect until you die, unless you revoke your power of attorney.

Part III of this toolkit includes a sample form.

State Laws About Advance Health Care Directives

An advance health care directive is a legal document you can use to provide written instructions, or state preferences, about your medical care in case you become unable to communicate. In Oklahoma, this document includes five parts. Depending on your planning needs, you can include part one, two, three, or all, but you must sign part five.

1. **Living Will:** This document lets you express your preferences for life-sustaining procedures (including medically assisted nutrition and pain management) if you develop a terminal condition and can no longer make your own health care decisions. Your doctor will use this document to help make decisions about your care if you become terminally ill, unconscious, or have an end-stage condition.
2. **Durable Power of Attorney:** This document lets you choose someone (your “agent”) to make health care decisions for you, including decisions about life-sustaining care, any time your doctor determines that you cannot make them yourself. You can appoint an alternate person to make these decisions if the first person you chose isn’t available. If you wish, you can also include additional instructions to help guide your agent. If you wish, you can also make the durable power of attorney for healthcare decisions effective immediately.
3. **Anatomical Gifts:** In this section, you can indicate whether you would like to donate any or all of your organs after your death.
4. **General Provisions:** This document explains general provisions, or information about this advance health care directive you should know before signing (e.g., this directive will be in effect until it is revoked).
5. **Signature and Witnessing Provisions:** You must sign your advance health care directive and have it witnessed by two witnesses. They must be at least 18 years old, and cannot be related to you or inheriting anything from your will.

You can revoke your advance health care directive at any time and in any manner, regardless of your physical or mental condition (e.g., destroying the document, telling your doctor in writing, or telling your agent).

If you are pregnant and the decisions you make in this document would interfere with facilitating life-sustaining treatment to the fetus, then it will not be honored unless you specifically indicate this in your “special instructions” section.

Part III of this toolkit includes a sample advance health care directive.

State Laws About POLST/MOLST

A physician order for life-sustaining treatment (POLST) is a medical order completed by a seriously ill person and signed by a physician. The POLST does not replace an advance directive. You can complete a POLST form with your doctor.

This form lets you indicate your preferences for:

- Cardiopulmonary resuscitation orders (also known as a “Do not resuscitate,” or DNR order)
- Medical Interventions, ranging from all medical and surgical treatments available to prolong your life, selective treatments to restore your health while avoiding burdensome procedures, or comfort-focused treatments to manage symptoms and allow natural death
- Antibiotics
- Medically assisted nutrition, or hydration and food offered through surgically-placed tubes
- Your overall goals or preferences for life-sustaining care

This form will not expire, so it is important for you and your physician to review it regularly to make sure it still reflects your wishes.

You can find this form in Part III of this toolkit.

State Laws About Funeral Designation Forms

Funeral designation forms allow you to tell your loved ones what you would like to happen to your remains after you pass away. These forms can be used to choose someone to control what happens to your remains after your death, specify what you would like to have happen, and other wishes depending on your state.

Oklahoma’s **Disposition of Remains and Appointment of Agent** form allows you to express your preferences for the disposal of your remains, and appoint someone (your “agent”) to carry out these directions. You can also appoint an alternate agent, in case your first choice is not available. You must have this document notarized to make it legal.

Part III of this toolkit includes a sample form.

State Laws About Death with Dignity

“Death with Dignity” laws, or physician-assisted dying/aid-in-dying laws, allow certain terminally ill people to voluntarily and legally request and receive a prescription medication from their physician to hasten their death in a peaceful, humane, and dignified way. By adding a voluntary option to the continuum of end-of-life care, these laws can give you dignity, control, and peace of mind during your final days with family and loved ones.

Oklahoma does not have a death with dignity law.

Federal Law About HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects the privacy of your health information. HIPAA does allow your protected health information to be shared with your personal representative who has authority to make health care decisions for you (i.e., your health care agent or proxy).

To guarantee your agent’s access to information, a HIPAA authorization form should be signed and dated by you. Also, it must identify the information to be disclosed, the purpose of the disclosure, the recipients of the information, and an expiration date. This means that any advance health care directives should be clear about the scope of your agent’s authority to receive protected health care information.

You can revoke a HIPAA authorization form at any time by notifying your health care provider in writing.

Part III of this toolkit includes a sample HIPAA authorization form. For more information:

www.cdc.gov/php/publications/topic/hipaa.html.



Triage Cancer Estate Planning Toolkit: Oklahoma

Part III: Your State's Estate Planning Forms

- Power of Attorney for Financial Affairs
- Advanced Health Care Directive
- Physician Order for Life-Sustaining Treatment (POLST)
- Disposition of Remains and Appointment of Agent
- HIPAA Authorization Form



Triage Cancer Estate Planning Toolkit



Part III: Your State's Estate Planning Forms



Power of Attorney for Financial Affairs

Disclaimer: This toolkit is intended to provide general information on the topics presented. It is provided with the understanding that Triage Cancer is not engaged in rendering any legal, medical, or professional services by its publication or distribution. Although this content was reviewed by a professional, it should not be used as a substitute for professional services.

POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ of _____,
(name) *(street address)*
_____, Oklahoma appoint _____,
(town or city) *(name)*
_____, _____, _____
(street address) *(town or city)* *(state)*

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (G) Insurance and annuity transactions.

- _____ (H) Estate, trust, and other beneficiary transactions.
- _____ (I) Claims and litigation.
- _____ (J) Personal and family maintenance.
- _____ (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service.
- _____ (L) Retirement plan transactions.
- _____ (M) Tax matters.

- _____ (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

(attach additional pages if needed).

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this ____ day of _____, _____.

(Signature)

(Social Security Number)

STATE OF OKLAHOMA)
) SS.
COUNTY OF _____)

This document was acknowledged before me on this ____ day of _____,
_____.

by _____
(Name of Principal)

(S E A L)

(Notary Public)

My commission expires:

Oklahoma Statutes

Title 15. Contracts

Chapter 24 - Uniform Statutory Form Power of Attorney Act

Section 1001 - Short Title

This act may be cited as the "Uniform Statutory Form Power of Attorney Act".

Section 1002 - Purposes of Act

The purposes of this act are to simplify the creation of a power of attorney and, when a form substantially similar to the form set forth in this act is utilized, to assure third parties that they may rely in good faith on the acts of the agent within the scope of the power of attorney. The form set forth in this act is not exclusive, however, and other forms of power of attorney may be used.

Section 1003 *[This is the Statutory Power of Attorney form itself]*

Section 1004 - Durability of Power of Attorney

A power of attorney legally sufficient under this act is durable to the extent that durable powers are permitted by other laws of this state and the power of attorney contains language, such as "This power of attorney will continue to be effective if I become disabled, incapacitated, or incompetent", showing the intent of the principal that the power granted may be exercised notwithstanding later disability, incapacity, or incompetency.

Section 1005 - Construction of Power Generally

By executing a statutory power of attorney with respect to a subject listed in subsection A of Section 1 of this act, the principal, except as limited or extended by the principal in the power of attorney, empowers the agent, for that subject to:

1. Demand, receive, and obtain by litigation or otherwise, money or other thing of value to which the principal is, may become, or claims to be entitled and to conserve, invest, disburse, or use anything so received for the purposes intended;
2. Contract in any manner with any person, on terms agreeable to the agent, to accomplish a purpose of a transaction, and perform, rescind, reform, release, or modify the contract or another contract made by or on behalf of the principal;
3. Execute, acknowledge, seal, and deliver a deed, revocation, mortgage, lease, notice, check, release, or other instrument the agent considers desirable to accomplish a purpose of a transaction;
4. Prosecute, defend, submit to arbitration, settle, and propose or accept a compromise with respect to, a claim existing in favor of or against the principal or intervene in litigation relating to the claim;
5. Seek on the principal's behalf the assistance of a court to carry out an act authorized by the power of attorney;
6. Engage, compensate, and discharge an attorney, accountant, expert witness, or other assistant;
7. Keep appropriate records of each transaction, including an accounting of receipts and disbursements;

8. Prepare, execute, and file a record, report, or other document the agent considers desirable to safeguard or promote the principal's interest under a statute or governmental regulation;
9. Reimburse the agent for expenditures properly made by the agent in exercising the powers granted by the power of attorney; and
10. In general, do any other lawful act with respect to the subject.

Section 1006 - Construction of Power Relating to Real Property Transactions

In a statutory power of attorney, the language granting power with respect to real property transactions empowers the agent to:

1. Accept as a gift or as security for a loan, reject, demand, buy, lease, receive, or otherwise acquire, an interest in real property or a right incident to real property;
2. Sell, exchange, convey with or without covenants, quitclaim, release, surrender, mortgage, encumber, partition, consent to partitioning, subdivide, apply for zoning, rezoning, or other governmental permits, plat or consent to platting, develop, grant options concerning, lease, sublease, or otherwise dispose of, an interest in real property or a right incident to real property;
3. Release, assign, satisfy, and enforce by litigation or otherwise, a mortgage, deed of trust, encumbrance, lien, or other claim to real property which exists or is asserted;
4. Do any act of management or of conservation with respect to an interest in real property, or a right incident to real property, owned, or claimed to be owned, by the principal, including:
 - a. insuring against a casualty, liability, or loss,
 - b. obtaining or regaining possession, or protecting the interest or right, by litigation or otherwise,
 - c. paying, compromising, or contesting taxes or assessments, or applying for and receiving refunds in connection with them, and
 - d. purchasing supplies, hiring assistance or labor, and making repairs or alterations in the real property;
5. Use, develop, alter, replace, remove, erect, or install structures or other improvements upon real property in or incident to which the principal has, or claims to have, an interest or right;
6. Participate in a reorganization with respect to real property or a legal entity that owns an interest in or right incident to real property and receive and hold shares of stock or obligations received in a plan of reorganization, and act with respect to them, including:
 - a. selling or otherwise disposing of them,
 - b. exercising or selling an option, conversion, or similar right with respect to them, and
 - c. voting them in person or by proxy;
7. Change the form of title of an interest in or right incident to real property; and
8. Dedicate to public use, with or without consideration, easements or other real property in which the principal has, or claims to have, an interest.

Section 1007 - Construction of Power Relating to Tangible Personal Property Transactions

In a statutory power of attorney, the language granting power with respect to tangible personal property transactions empowers the agent to:

1. Accept as a gift or as security for a loan, reject, demand, buy, receive, or otherwise acquire ownership or possession of tangible personal property or an interest in tangible personal property;
2. Sell, exchange, convey with or without covenants, release, surrender, mortgage, encumber, pledge, hypothecate, create a security interest in, pawn, grant options concerning, lease, sublease to others, or otherwise dispose of tangible personal property or an interest in tangible personal property;
3. Release, assign, satisfy, or enforce by litigation or otherwise, a mortgage, security interest, encumbrance, lien, or other claim on behalf of the principal, with respect to tangible personal property or an interest in tangible personal property; and
4. Do an act of management or conservation with respect to tangible personal property or an interest in tangible personal property on behalf of the principal, including:
 - a. insuring against casualty, liability, or loss,
 - b. obtaining or regaining possession, or protecting the property or interest, by litigation or otherwise,
 - c. paying, compromising, or contesting taxes or assessments or applying for and receiving refunds in connection with taxes or assessments,
 - d. moving from place to place,
 - e. storing for hire or on a gratuitous bailment, and
 - f. using, altering, and making repairs or alterations.

Section 1008 - Construction of Power Relating to Stock and Bond Transactions

In a statutory power of attorney, the language granting power with respect to stock and bond transactions empowers the agent to buy, sell, and exchange stocks, bonds, mutual funds, and all other types of securities and financial instruments except commodity futures contracts and call and put options on stocks and stock indexes, receive certificates and other evidences of ownership with respect to securities, exercise voting rights with respect to securities in person or by proxy, enter into voting trusts, and consent to limitations on the right to vote.

1009 - Construction of Power Relating to Commodity and Option Transactions

In a statutory power of attorney, the language granting power with respect to commodity and option transactions empowers the agent to buy, sell, exchange, assign, settle, and exercise commodity futures contracts and call and put options on stocks and stock indexes traded on a regulated option exchange, and establish, continue, modify, and terminate option accounts with a broker.

Section 1010 - Construction of Power Relating to Banking and Other Financial Institution Transactions

In a statutory power of attorney, the language granting power with respect to banking and other financial institution transactions empowers the agent to:

1. Continue, modify, and terminate an account or other banking arrangement made by or on behalf of the principal;
2. Establish, modify, and terminate an account or other banking arrangement with a bank, trust company, savings and loan association, credit union, thrift company, brokerage firm, or other financial institution selected by the agent;
3. Hire a safe deposit box or space in a vault;
4. Contract to procure other services available from a financial institution as the agent considers desirable;
5. Withdraw by check, order, or otherwise money or property of the principal deposited with or left in the custody of a financial institution;
6. Receive bank statements, vouchers, notices, and similar documents from a financial institution and act with respect to them;
7. Enter a safe deposit box or vault and withdraw or add to the contents;
8. Borrow money at an interest rate agreeable to the agent and pledge as security personal property of the principal necessary in order to borrow, pay, renew, or extend the time of payment of a debt of the principal;
9. Make, assign, draw, endorse, discount, guarantee, and negotiate promissory notes, checks, drafts, and other negotiable or nonnegotiable paper of the principal, or payable to the principal or the principal's order, receive the cash or other proceeds of those transactions, accept a draft drawn by a person upon the principal, and pay it when due;
10. Receive for the principal and act upon a sight draft, warehouse receipt, or other negotiable or nonnegotiable instrument;
11. Apply for and receive letters of credit, credit cards, and traveler's checks from a financial institution, and give an indemnity or other agreement in connection with letters of credit; and
12. Consent to an extension of the time of payment with respect to commercial paper or a financial transaction with a financial institution.

Section 1011 - Construction of Power Relating to Business Operating Transactions

In a statutory power of attorney, the language granting power with respect to business operating transactions empowers the agent to:

1. Operate, buy, sell, enlarge, reduce, and terminate a business interest;
2. To the extent that an agent is permitted by law to act for a principal and subject to the terms of the partnership agreement, to:
 - a. perform a duty or discharge a liability and exercise a right, power, privilege, or option that the principal has, may have, or claims to have, under a partnership agreement, whether or not the principal is a partner,
 - b. enforce the terms of a partnership agreement by litigation or otherwise, and

- c. defend, submit to arbitration, settle, or compromise litigation to which the principal is a party because of membership in the partnership;
- 3. Exercise in person or by proxy, or enforce by litigation or otherwise, a right, power, privilege, or option the principal has or claims to have as the holder of a bond, share, or other instrument of similar character and defend, submit to arbitration, settle, or compromise litigation to which the principal is a party because of a bond, share, or similar instrument;
- 4. With respect to a business owned solely by the principal:
 - a. continue, modify, renegotiate, extend, and terminate a contract made with an individual or a legal entity, firm, association, or corporation by or on behalf of the principal with respect to the business before execution of the power of attorney,
 - b. determine:
 - (1) the location of its operation,
 - (2) the nature and extent of its business,
 - (3) the methods of manufacturing, selling, merchandising, financing, accounting, and advertising employed in its operation,
 - (4) the amount and types of insurance carried,
 - (5) the mode of engaging, compensating, and dealing with its accountants, attorneys, and other agents and employees,
 - c. change the name or form of organization under which the business is operated and enter into a partnership agreement with other persons or organize a corporation to take over all or part of the operation of the business, and
 - d. demand and receive money due or claimed by the principal or on the principal's behalf in the operation of the business, and control and disburse the money in the operation of the business;
- 5. Put additional capital into a business in which the principal has an interest;
- 6. Join in a plan of reorganization, consolidation, or merger of the business;
- 7. Sell or liquidate a business or part of it at the time and upon the terms the agent considers desirable;
- 8. Establish the value of a business under a buy-out agreement to which the principal is a party;
- 9. Prepare, sign, file, and deliver reports, compilations of information, returns, or other papers with respect to a business which are required by a governmental agency or instrumentality or which the agent considers desirable, and make related payments; and
- 10. Pay, compromise, or contest taxes or assessments and do any other act which the agent considers desirable to protect the principal from illegal or unnecessary taxation, fines, penalties, or assessments with respect to a business, including attempts to recover, in any manner permitted by law, money paid before or after the execution of the power of attorney.

Section 1012 - Construction of Power Relating to Insurance Transactions

In a statutory power of attorney, the language granting power with respect to insurance and annuity transactions empowers the agent to:

1. Continue, pay the premium or assessment on, modify, rescind, release, or terminate a contract procured by or on behalf of the principal which insures or provides an annuity to either the principal or another person, whether or not the principal is a beneficiary under the contract;
2. Procure new, different, and additional contracts of insurance and annuities for the principal and the principal's spouse, children, and other dependents and select the amount, type of insurance or annuity, and mode of payment;
3. Pay the premium or assessment on, modify, rescind, release, or terminate a contract of insurance or annuity procured by the agent;
4. Designate the beneficiary of the contract, but an agent may be named a beneficiary of the contract, or an extension, renewal, or substitute for it, only to the extent the agent was named as a beneficiary under a contract procured by the principal before executing the power of attorney;
5. Apply for and receive a loan on the security of the contract of insurance or annuity;
6. Surrender and receive the cash surrender value;
7. Exercise an election;
8. Change the manner of paying premiums;
9. Change or convert the type of insurance contract or annuity, with respect to which the principal has or claims to have a power described in this section;
10. Change the beneficiary of a contract of insurance or annuity, but the agent may not be designated a beneficiary except to the extent permitted by paragraph 4 of this section;
11. Apply for and procure government aid to guarantee or pay premiums of a contract of insurance on the life of the principal;
12. Collect, sell, assign, hypothecate, borrow upon, or pledge the interest of the principal in a contract of insurance or annuity; and
13. Pay from proceeds or otherwise, compromise or contest, and apply for refunds in connection with, a tax or assessment levied by a taxing authority with respect to a contract of insurance or annuity or its proceeds or liability accruing by reason of the tax or assessment.

Section 1013 - Construction of Power Relating to Estate, Trust, and Other Beneficiary Transactions

In a statutory power of attorney, the language granting power with respect to estate, trust, and other beneficiary transactions empowers the agent to act for the principal in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or other fund from which the principal is, may become, or claims to be entitled, as a beneficiary, to a share or payment, including to:

1. Accept, reject, disclaim, receive, receipt for, sell, assign, release, pledge, exchange, or consent to a reduction in or modification of a share in or payment from the fund;

2. Demand or obtain by litigation or otherwise money or other thing of value to which the principal is, may become, or claims to be entitled by reason of the fund;
3. Initiate, participate in, and oppose litigation to ascertain the meaning, validity, or effect of a deed, will, declaration of trust, or other instrument or transaction affecting the interest of the principal;
4. Initiate, participate in, and oppose litigation to remove, substitute, or surcharge a fiduciary;
5. Conserve, invest, disburse, and use anything received for an authorized purpose; and
6. Transfer an interest of the principal in real property, stocks, bonds, accounts with financial institutions, insurance, and other property, to the trustee of a revocable trust created by the principal as settlor.

Section 1014 - Construction of Power Relating to Claims and Litigation

In a statutory power of attorney, the language with respect to claims and litigation empowers the agent to:

1. Assert and prosecute before a court or administrative agency a claim, a cause of action, counterclaim, offset, and defend against an individual, a legal entity, or government, including suits to recover property or other thing of value, to recover damages sustained by the principal, to eliminate or modify tax liability, or to seek an injunction, specific performance, or other relief;
2. Bring an action to determine adverse claims, intervene in litigation, and act as amicus curiae;
3. In connection with litigation, procure an attachment, garnishment, libel, order of arrest, or other preliminary, provisional, or intermediate relief and use an available procedure to effect or satisfy a judgment, order, or decree;
4. In connection with litigation, perform any lawful act, including acceptance of tender, offer of judgment, admission of facts, submission of a controversy on an agreed statement of facts, consent to examination before trial, and binding the principal in litigation;
5. Submit to arbitration, settle, and propose or accept a compromise with respect to a claim or litigation;
6. Waive the issuance and service of process upon the principal, accept service of process, appear for the principal, designate persons upon whom process directed to the principal may be served, execute and file or deliver stipulations on the principal's behalf, verify pleadings, seek appellate review, procure and give surety and indemnity bonds, contract and pay for the preparation and printing of records and briefs, receive and execute and file or deliver a consent, waiver, release, confession of judgment, satisfaction of judgment, notice, agreement, or other instrument in connection with the prosecution, settlement, or defense of a claim or litigation;
7. Act for the principal with respect to bankruptcy or insolvency proceedings, whether voluntary or involuntary, concerning the principal or some other person, with respect to a reorganization proceeding, or a receivership or application for the appointment of a receiver or trustee which affects an interest of the principal in property or other thing of value; and
8. Pay a judgment against the principal or a settlement made in connection with litigation and receive and conserve money, or other thing of value paid in settlement of or as proceeds of a claim or litigation.

Section 1015 - Construction of Power Relating to Personal and Family Maintenance

In a statutory power of attorney, the language granting power with respect to personal and family maintenance empowers the agent to:

1. Do the acts necessary to maintain the customary standard of living of the principal, the principal's spouse, children, and other individuals customarily or legally entitled to be supported by the principal, including providing living quarters by purchase, lease, or other contract, or paying the operating costs, including interest, amortization payments, repairs, and taxes on premises owned by the principal and occupied by those individuals;
2. Provide for the individuals described in paragraph 1 of this section normal domestic help, usual vacations and travel expenses, and funds for shelter, clothing, food, appropriate education, and other current living costs;
3. Pay for the individuals described in paragraph 1 of this section necessary medical, dental, and surgical care, hospitalization, and custodial care;
4. Continue any provision made by the principal, for the individuals described in paragraph 1 of this section, for automobiles or other means of transportation, including registering, licensing, insuring, and replacing them;
5. Maintain or open charge accounts for the convenience of the individuals described in paragraph 1 of this section and open new accounts the agent considers desirable to accomplish a lawful purpose; and
6. Continue payments incidental to the membership or affiliation of the principal in a church, club, society, order, or other organization or to continue contributions to those organizations.

Section 1016 - Construction of Power Relating to Benefits from Social Security, Medicare, Medicaid, or Other Governmental Programs or Military Service

In a statutory power of attorney, the language granting power with respect to benefits from Social Security, Medicare, Medicaid or other governmental programs, or civil or military service empowers the agent to:

1. Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States or a foreign government or by a state or subdivision of a state to the principal, including allowances and reimbursements for transportation of the individuals described in paragraph 1 of Section 15 of this act, and for shipment of their household effects;
2. Take possession and order the removal and shipment of property of the principal from a post, warehouse, depot, dock, or other place of storage or safekeeping, either governmental or private, and execute and deliver a release, voucher, receipt, bill of lading, shipping ticket, certificate, or other instrument for that purpose;
3. Prepare, file, and prosecute a claim of the principal to a benefit or assistance, financial or otherwise, to which the principal claims to be entitled, under a statute or governmental regulation;
4. Prosecute, defend, submit to arbitration, settle, and propose or accept a compromise with respect to any benefits the principal may be entitled to receive; and
5. Receive the financial proceeds of a claim of the type described in this section, conserve, invest, disburse, or use anything received for a lawful purpose

Section 1017 - Construction of Power Relating to Retirement Plan Transactions

In a statutory power of attorney, the language granting power with respect to retirement plan transactions empowers the agent to:

1. Select payment options under any retirement plan in which the principal participates, including plans for self-employed individuals;
2. Make voluntary contributions to those plans;
3. Exercise the investment powers available under any self-directed retirement plan;
4. Make "rollovers" of plan benefits into other retirement plans;
5. If authorized by the plan, borrow from, sell assets to, and purchase assets from the plan; and
6. Waive the right of the principal to be a beneficiary of a joint or survivor annuity if the principal is a spouse who is not employed.

Section 1018 - Construction of Power Relating to Tax Matters

In a statutory power of attorney, the language granting power with respect to tax matters empowers the agent to:

1. Prepare, sign, and file federal, state, local, and foreign income, gift, payroll, Federal Insurance Contributions Act returns, and other tax returns, claims for refunds, requests for extension of time, petitions regarding tax matters, and any other tax-related documents, including receipts, offers, waivers, consents (including consents and agreements under Internal Revenue Code Section 2032A or any successor section), closing agreements, and any power of attorney required by the Internal Revenue Service or other taxing authority with respect to a tax year upon which the statute of limitations has not run and the following twenty-five (25) tax years;
2. Pay taxes due, collect refunds, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or other taxing authority;
3. Exercise any election available to the principal under federal, state, local, or foreign tax law; and
4. Act for the principal in all tax matters for all periods before the Internal Revenue Service, and any other taxing authority.

Section 1019 - Existing Interests - Foreign Interests

The powers described in Sections 5 through 18 of this act are exercisable equally with respect to an interest the Principal has when the power of attorney is executed or acquires later, whether or not the property is located in this state, and whether or not the powers are exercised or the power of attorney is executed in this state.

Section 1020 - Uniformity of Application and Construction

This act shall be applied and construed to effectuate its general purpose to make uniform the law with respect to the subject of this act among states enacting it.

[End of Act]



Triage Cancer Estate Planning Toolkit



Part III: Your State's Estate Planning Forms



Advance Health Care Directive

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Advance Directive for Health Care

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions below.

I. Living Will

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below:

- (1) If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:

(Initial only one option)

I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial if applicable)

See my more specific instructions in paragraph (4) below.

- (2) If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent:

(Initial only one option)

I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial if applicable)

See my more specific instructions in paragraph (4) below.

- (3) If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

(Initial only one option)

___ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration

___ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

___ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial if applicable)

___ See my more specific instructions in paragraph (4) below.

(4) OTHER. Here you may:

- (a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn,
- (b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition, or
- (c) do both of these:

Initial

II. My Appointment of My Health Care Proxy

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers pursuant to the Oklahoma Advance Directive Act to follow the instructions of _____, whom I appoint as my health care proxy. If my health care proxy is unable or unwilling to serve, I appoint _____ as my alternate health care proxy with the same authority. My health care proxy is authorized to make whatever medical treatment decisions I could make if I were able, except that decisions regarding life-sustaining treatment and artificially administered nutrition and hydration can be made by my health care proxy or alternate health care proxy only as I have indicated in the foregoing sections.

If I fail to designate a health care proxy in this section, I am deliberately declining to designate a health care proxy.

III. Anatomical Gifts

Pursuant to the provisions of the Uniform Anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:

(Initial all that apply)

- transplantation
- therapy
- advancement of medical science, research, or education
- advancement of dental science, research, or education

Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem. If I initial the "yes" line below, I specifically donate:

My entire body

Or

The following body organs or parts

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Bones/Marrow |
| <input type="checkbox"/> Blood/Fluids | <input type="checkbox"/> Tissue |
| <input type="checkbox"/> Arteries | <input type="checkbox"/> Eyes/Cornea/Lens |

IV. General Provisions

- a. I understand that I must be eighteen (18) years of age or older to execute this form.
- b. I understand that my witnesses must be eighteen (18) years of age or older and shall not be related to me and shall not inherit from me.
- c. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.

- d. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to choose or refuse medical or surgical treatment including, but not limited to, the administration of life-sustaining procedures, and I accept the consequences of such choice or refusal.
- e. This advance directive shall be in effect until it is revoked.
- f. I understand that I may revoke this advance directive at any time.
- g. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- h. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- i. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

Signed this ____ day of _____, 20 ____.

(Signature)

City of

County, Oklahoma

Date of birth (Optional for identification purposes)

This advance directive was signed in my presence.

Witness

_____, Oklahoma
Residence

Witness

_____, Oklahoma
Residence



Triage Cancer Estate Planning Toolkit



Part III: Your State's Estate Planning Forms



Physician Orders for Life Sustaining Treatment (POLST)

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

**Oklahoma Physician Orders for Life-Sustaining Treatment
(POLST)**

This Physician Order set is based on the patient's current medical condition and wishes and is to be reviewed for potential replacement in the case of a substantial change in either, as well as in other cases listed under F. Any section not completed indicates full treatment for that section. Photocopy or fax copy of this form is legal and valid.

Patient's Last Name/First Name/Middle Initial

Date of Birth:

Effective Date of this Form:

Form must be reviewed at least annually.

A. Check One	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/ no CPR) When not in cardiopulmonary arrest, follow orders in B, C, and D below.
-------------------------	---

B. Check One	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing. <input type="checkbox"/> Full Treatment Includes the use of intubation, advanced airway interventions, mechanical ventilation, defibrillation or cardio version as indicated, medical treatment, intravenous fluids, and cardiac monitor as indicated. Transfer to hospital if indicated. Include intensive care. Includes treatment listed under "Limited Interventions" and "Comfort Measures." Treatment Goal: Attempt to preserve life by all medically effective means. <input type="checkbox"/> Limited Interventions Includes the use of medical treatment, oral and intravenous medications, intravenous fluids, cardiac monitoring as indicated, noninvasive bi-level positive airway pressure, a bag valve mask, or other advanced airway interventions. Includes treatment listed under "Comfort Measures." Do not use intubation or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care. Treatment Goal: Attempt to preserve life by basic medical treatments. <input type="checkbox"/> Comfort Measures only Includes keeping the patient clean, warm, and dry; use of medication by any route; positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Transfer from current location to intermediate facility only if needed and adequate to meet comfort needs and to hospital only if comfort needs cannot otherwise be met in the patient's current location (e.g., hip fracture; if intravenous route of comfort measures is required). Additional Orders: _____
-------------------------	---

C. Check One	ANTIBIOTICS <input type="checkbox"/> Use Antibiotics to preserve life. <input type="checkbox"/> Trial period of antibiotics if and when infection occurs. *Include goals below in E. <input type="checkbox"/> Initially, use antibiotics only to relieve pain and discomfort. +Contact patient or patient's representative for further direction. Additional Orders: _____
-------------------------	---

D. Check One in Each Column	ASSISTED NUTRITION AND HYDRATION Administer oral fluids and nutrition, if necessary by spoon feeding, if physically possible.		
	TPN (Total Parenteral Nutrition- provision of nutrition into blood vessels)	Tube Feeding	Intravenous (IV) Fluids for Hydration
	<input type="checkbox"/> TPN long-term if needed <input type="checkbox"/> TPN for a trial period* <input type="checkbox"/> Initially, no TPN+	<input type="checkbox"/> Long-term feeding tube if needed <input type="checkbox"/> Feeding tube for a trial period* <input type="checkbox"/> Initially, no tube feeding	<input type="checkbox"/> Long-term IV fluids if needed <input type="checkbox"/> IV fluids for a trial period* <input type="checkbox"/> Initially, no IV fluids+
	Additional Orders: _____ *Include goals below in E. +Contact patient or patient's representative for further direction.		

E. Check all that apply	PATIENT PREFERENCES AS A BASIS FOR THIS POLST FORM		
	Patient Goals/Medical Condition:		
	<input type="checkbox"/> The patient has an advance directive for health care in accordance with Sections 3101.4 or 3101.14 of Title 63 of the Oklahoma Statutes. <input type="checkbox"/> The patient has a durable power of attorney for health care decisions in accordance with paragraph 1 of Subsection B of Section 1072.1 of Title 58 of the Oklahoma Statutes. Date of execution: _____ If POLST not being executed by patient: We certify that this POLST is in accordance with the patient's advance directive.		
	Name and Position (print)	Signature	Signature of Physician
	Directions given by:		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Minor's custodial parent or guardian	<input type="checkbox"/> Attorney-in-fact
	<input type="checkbox"/> Other legally authorized person :	Basis of Authority _____	
		Printed Name	Signature
Attending Physician			
Patient or other individual checked above (patient's representative)			
Health care professional preparing form (besides doctor)			

F. INFORMATION FOR PATIENT OR REPRESENTATIVE OF PATIENT NAMED ON THIS FORM

The POLST form is always voluntary and is usually for persons with advanced illness. Before providing information for or signing it, carefully read “Information for Patients and Their Families – Your Medical Treatment Rights Under Oklahoma Law,” which the health care provider must give you. It is especially important to read the sections on CPR and food and fluids, which have summaries of Oklahoma laws that may control the directions you may give. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. An advance health care directive is recommended, regardless of your health status. An advance directive allows you to document in detail your future health care instructions and/or name a health-care agent to speak for you if you are unable to speak for yourself.

The State of Oklahoma affirms that the lives of all are of equal dignity regardless of age or disability and emphasizes that no one should ever feel pressured to agree to forego life-preserving medical treatment because of age, disability or fear of being regarded as a burden.

If this form is for a minor for whom you are authorized to make health care decisions, you may not direct denial of medical treatment in a manner that would violate the child abuse and neglect laws of Oklahoma. In particular, you may not direct the withholding of medically indicated treatment from a disabled infant with life-threatening conditions, as those terms are defined in 42 U.S.C., Section 5106g or regulations implementing it and 42 U.S.C., Section 5106a.

G. DIRECTIONS FOR COMPLETING AND IMPLEMENTING FORM

COMPLETING POLST - The signature of the patient or the patient’s representative is required.

POLST must be reviewed and prepared in consultation with the patient or the patient's representative after that person has been given a copy of “Information for Patients and Their Families – Your Medical Treatment Rights Under Oklahoma Law .” POLST must be reviewed and signed by a physician to be valid. Be sure to document the basis for concluding the patient had or lacked capacity at the time of execution of the form in the patient's medical record. If the patient lacks capacity, any current advance directive form must be reviewed and the patient’s representative and physician must both certify that POLST complies with it. The signature of the patient or the patient's representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record as soon as practicable and "on file" must be written on the appropriate signature line on this form.

IMPLEMENTING POLST

If a minor protests a directive to deny the minor life-saving treatment, the denial of treatment may not be implemented pending issuance of a judicial order resolving the conflict. A health care provider unwilling to comply with POLST must comply with the transfer and treatment pending transfer requirements of Section 3101.9 of Title 63 of the Oklahoma Statutes as well as those of the Nondiscrimination in Treatment Act, Sections 3090.2 and 3090.3 of Title 63 of the Oklahoma Statutes.

REVIEWING POLST

This POLST must be reviewed at least annually or earlier if:

- The patient is admitted to or discharged from a medical care facility;
- There is a substantial change in the patient's health status; or
- The treatment preferences of the patient or patient’s representative change

The same requirements for participation of the patient or patient’s representative, and signature by both a physician and the patient or the patient’s representative, that are described under “COMPLETING POLST” also apply when POLST is reviewed, and must be documented in Section I.

H. REVOCATION OF POLST

If POLST is revised or becomes invalid, write in bold the word “VOID” in large letters on the front of the form. After voiding the form a new form may be completed. A patient with capacity or the individual or individuals authorized to sign on behalf of the patient in Section E of this form may void this form. If no new form is completed, full treatment and resuscitation is to be provided, except as otherwise provided by Oklahoma law.

REVIEW SECTION: Periodic review confirms current form or may require completion of new form

Date of Review	Location of Review	Patient or Representative Signature	Physician Signature	Outcome of Review
				<input type="checkbox"/> FORM CONFIRMED – No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM CONFIRMED – No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM CONFIRMED – No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form

CONTACT INFORMATION:

Patient/Representative	Relationship	Phone number	Email address
Health Care Professional Preparing Form	Relationship	Phone number	Email address



Triage Cancer Estate Planning Toolkit



Part III: Your State's Estate Planning Forms



Funeral Designation Form

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DISPOSITION OF REMAINS AND APPOINTMENT OF AGENT – OKLAHOMA

Under Oklahoma law, you may direct the manner in which your body, or parts of your body, is disposed. You may also designate an agent to direct the manner of disposition, or carry out your wishes. You may choose to do either one of these, or both.

I, _____, residing at _____,
Being of sound mind, make known that upon my death my body shall be disposed of in the following manner:

I do hereby designate _____, having an address and telephone number of _____, with the right to carry out the disposition directions expressed in this document, and in the absence of disposition directions, to have custody and control of my body and to determine the disposition of my body.

If _____ (person designated as agent) shall decline to act or cannot be located, then _____, having an address and telephone number of _____, shall act in that person's place.

(your signature)

Subscribed and sworn to before me this _____ day of the month of _____ of the year _____.

(notary public)



Triage Cancer Estate Planning Toolkit



Part III: Your State's Estate Planning Forms



HIPAA Authorization Form

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Sample HIPAA Right of Access Form for Family Member/Friend

I, _____, direct my health care and medical services providers and payers to disclose and release my protected health information described below to:

Name:

Relationship:

Contact information: _____

Health Information to be disclosed upon the request of the person named above --
(Check either A or B):

- A. **Disclose** my complete health record (including but not limited to diagnoses, lab tests, prognosis, treatment, and billing, for all conditions) **OR**
- B. **Disclose** my health record, as above, **BUT do not disclose** the following (check as appropriate):
 - Mental health records
 - Communicable diseases (including HIV and AIDS)
 - Alcohol/drug abuse treatment
 - Other (please specify):

Form of Disclosure (unless another format is mutually agreed upon between my provider and designee):

- An electronic record or access through an online portal
- Hard copy

This authorization shall be effective until (Check one):

- All past, present, and future periods, OR
- Date or event: _____

unless I revoke it. (NOTE: You may revoke this authorization in writing at any time by notifying your health care providers, preferably in writing.)

Name of the Individual Giving this Authorization

Date of birth

Signature of the Individual Giving this Authorization

Date

Note: HIPAA Authority for Right of Access: 45 C.F.R. § 164.524