

101151

BOOK 101 PAGE 289

**DURABLE POWER OF ATTORNEY**  
[To Take Effect Upon Disability or Incompetence]

The undersigned, MILDRED E. EASLEY,  
domiciled and residing in the State of Washington, as authorized by  
the laws of the State of Washington, herewith names, constitutes and  
appoints KATHLEEN N. NORTON, as attorney-in-fact  
for the undersigned.

1. **POWERS.** The attorney-in-fact, as fiduciary, shall have  
all powers of an absolute owner over the assets and liabilities of  
the undersigned, whether located within or without the State of  
Washington. The attorney-in-fact shall not have the power to revoke  
or change any estate planning or testamentary documents previously  
executed by the undersigned, unless the document authorizes changes  
with court approval.

2. **PURPOSE.** The attorney-in-fact shall have all powers as  
are necessary or desirable to provide for the support, maintenance,  
health, emergencies and urgent necessities of the undersigned.

3. **EFFECTIVENESS.** This power of attorney shall become  
effective upon the disability or incompetence of the undersigned.  
Disability shall include the inability to manage his/her property  
and affairs effectively for reasons such as mental illness, mental  
deficiency, physical illness or disability, advanced age, chronic use  
of drugs, chronic intoxication, or confinement, or disappearance.  
Disability may be evidenced by a written statement of a qualified  
physician regularly attending the undersigned and/or by other  
qualified persons with knowledge of any confinement, or  
disappearance. Incompetence may be established by a finding of a  
court having jurisdiction over the undersigned.

4. **DURATION.** The durable power of attorney becomes  
effective as provided in Paragraph 3 and shall remain in effect to  
the extent permitted by RCW 11.52 of the 1974 Probate Act or until  
revoked or terminated under paragraph 5 and 6, notwithstanding any  
uncertainty as to whether the undersigned is dead or alive.

5. **REVOCATION.** This power of attorney may be revoked,  
suspended or terminated in writing by the undersigned with written  
notice to the designated attorney-in-fact and by recording the  
written instrument of revocation in the office of the auditor of  
County, Washington.

6. **TERMINATION.**

a) **By Appointment of Guardian:** The appointment of a  
guardian of the estate of the undersigned vests in the guardian with  
court approval, the power to revoke, suspend or terminate this power  
of attorney. The appointment of a guardian of the person only does  
not empower the guardian to revoke, suspend or terminate this power  
of attorney.

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b) By Death of the Undersigned: The death of the undersigned shall be deemed to revoke this power of attorney upon actual knowledge or actual notice being received by the attorney-in-fact.

7. ACCOUNTING. The attorney-in-fact shall be required to account to any subsequently appointed personal representative.

8. RELIANCE. The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this power of attorney so long as neither the attorney-in-fact nor any person with whom he/she was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the undersigned.

9. INDEMNITY. The estate of the undersigned shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith and not in fraud of the undersigned.

10. APPLICABLE LAW. The laws of the State of Washington shall govern this power of attorney.

11. EXECUTION. This power of attorney is signed this day of 5-16, 1986, to become effective as provided in Paragraph 3.

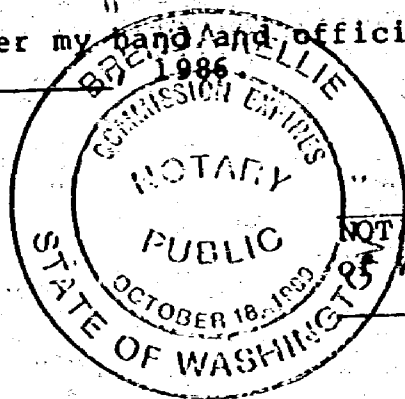
Mildred Easley

STATE OF WASHINGTON )

County of Skamania ) ss

On this day personally appeared before me Mildred Easley, to me known to be the individual described in and who executed the within and foregoing Durable Power of Attorney, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 16<sup>th</sup> day of May, 1986.



Brenda Kelli  
NOTARY PUBLIC in and for the State  
Washington residing at  
Carson

REVOCATION OF DURABLE POWER OF ATTORNEY

I, \_\_\_\_\_, of  
Washington, hereby revoke that certain Durable Power of Attorney  
which I gave to \_\_\_\_\_, of \_\_\_\_\_  
Washington on \_\_\_\_\_, 198\_\_\_\_. From now on,  
\_\_\_\_\_ shall have no power or  
authority to act on my behalf or as my representative in any  
circumstance whatsoever.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 1986.

Notary Public in and for the  
State of Washington residing at  
\_\_\_\_\_

FILED FOR RECORD  
SKAGANIA CO. WASH.  
BY *Heleen Norton*

MAY 16 12 18 PM '86

*G. M. Olson*  
AUDITOR  
GARY M. OLSON

1512 W. 9th St  
The Minnerville, Ore.  
97128

REVOCATION OF DURABLE POWER OF ATTORNEY