

115032

FILED FOR RECORD
STATE OF WASH
BY *Anne Lehman*

Nov 30 1992

P. Stowry
GARY OLSON

BOOK 132 PAGE 214

DURABLE POWER OF ATTORNEY

1. Designation. The undersigned (the "Principal"), domiciled and residing in the State of Washington, designates Carl E. Lehman as attorney-in-fact for the Principal. MP 0.18A Laurel Lane South, Washougal WA 98671

2. Effectiveness; duration. This power of attorney shall become effective immediately, shall not be affected by the disability or incompetence of the Principal, and shall continue until revoked or terminated, notwithstanding any uncertainty as to whether the Principal is dead or alive. Disability shall include the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

3. Powers. The attorney-in-fact shall have all of the powers of an absolute owner over the assets and liabilities of the Principal, whether located within or without the State of Washington as allowed by law. If a guardianship is needed, the Principal requests that the attorney-in-fact be appointed guardian of her estate.

The attorney-in-fact shall not have the power, unless

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specifically provided otherwise in this or any other document: To make, amend, alter, or revoke any of the Principal's wills, codicils, life insurance beneficiary designation, employee benefit plan beneficiary designations, trust agreements, community property agreements; to make any gifts of property owned by the Principal; to make transfers of property to any trust (whether or not created by the principal) unless the trust benefits the Principal alone and does not have dispositive provisions which are different from those which would have governed the property had it not been transferred into the trust, or to disclaim property.

Notwithstanding the above pursuant to RCW 11.94.050 (1) (2) I specifically authorize my attorney-in-fact to make any transfer of resources not prohibited under RCW 74.09.532 for the purpose of qualifying me for Medicaid. These transfers may be by gift to those persons who would receive these assets pursuant to the terms of my will.

4. Health care decisions and maintenance of residence.

I hereby authorize my attorney in fact to provide informed consent for health care decisions for me including making decisions regarding maintaining of a residence for me and providing other residential care need including nursing care in my own home.

5. Termination. This power of attorney may be

terminated by

(a) the Principal by written notice to the attorney-in-fact and, if this power of attorney has been recorded, by recording the written instrument of revocation in the office of the recorder or auditor of the place where the power was recorded;

(b) a Guardian of the estate of the Principal after court approval of such revocation; or

(c) the death of the Principal upon actual knowledge or receipt of written notice by the attorney-in-fact.

6. Accounting. Upon request of a Guardian of the Estate of the Principal or the personal representative of the Principal's estate, the attorney-in-fact shall account for all actions taken by the attorney-in-fact for or on behalf of the Principal. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs and personal representatives of the Principal.

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

8. Fees and expenses. The attorney-in-fact shall be entitled to be paid a reasonable compensation for services performed as attorney-in-fact and to be reimbursed for all

costs and expenses reasonably incurred.

9. Applicable law. The laws of the State of Washington shall govern this power of attorney.

Principal:

NELL V. DWYRE

Nell V. Dwyre

STATE OF WASHINGTON)

: ss

County of Clark)

On this day personally appeared before me Nell V. Dwyre to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged the said execution thereof to be the free and voluntary act and deed of said NELL V. DWYRE, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24th day of November, 1992.

Ben R. Andrews

Ben R. Andrews
Notary Public in and for the State of Washington

My appointment expires: 4-21-94

