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BOOK 762 PAGE 289

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SKAMIA CO. WASH
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JAN 31 12 25 PM '97

P. Olson
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:Name Sandra J. OfficerAddress 18600 SW Honeywood DriveCity/State Aloha, OR 97006SE 02 2055 7

Document Title(s): (or transactions contained therein)

1. Table Power of Attorney
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Lucille Hazel Ruff
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Sandra Jane Officer
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



Registered ☒
Indexed, Dir ☒
Indirect ☒
Filmed ☒
Mailed ☒

DURABLE POWER OF ATTORNEY

THE UNDERSIGNED INDIVIDUAL, ACTING AS principal, domiciled and residing in the State of Washington, as authorized by RCW 11.94.010, acting separately and individually, designates the following named person as attorney in fact to act for me if I may hereafter become disabled or incompetent.

1. Designation. SANDRA JANE OFFICER, if living, able and willing to serve, is designated as attorney in fact for the disabled or incompetent principal.

2. Powers. The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Washington. In particular the attorney in fact shall have the power to transfer assets of the principal for the purpose of qualifying the principal for public medical assistance or care under State or Federal programs to assist the medically needy. The attorney in fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by principal, unless the document authorizes changes with court approval.

3. Purposes. The attorney in fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities in the event I become disabled or incompetent.

4. Effectiveness. This power of attorney shall become effective upon my disability or incompetence. Disability shall include the inability to manage my 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. Disability may be evidenced by a written statement of a qualified physician regularly attending me and/or by other qualified person with knowledge of any confinement, detention or disappearance. Incompetence may also be established by a finding of a court having jurisdiction over me.

5. Duration. The durable power of attorney becomes effective as provided in Paragraph 4 and shall remain in effect until revoked or terminated under Paragraph 6 or 7, notwithstanding any uncertainty as to whether the principal is dead or alive.

6. Revocation. This power of attorney may be revoked, suspended or terminated in writing by me with written notice to the designated attorney in fact, and by recording the written instrument of revocation in the office of the auditor of Skamania County, Washington.

7. Termination.

(a) By Appointment of Guardian. The appointment of a guardian of the estate of the principal vests in the guardian, with court approval, the power to revoke, suspend or terminate this power of attorney.

(b) By Death of Principal. The death of the principal shall be deemed to revoke the power of attorney upon actual knowledge or actual notice being received by the attorney in fact.

8. Accounting. The attorney in fact shall be required to account to any subsequently appointed personal representative.

9. 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 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 principal.

10. 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.

11. Applicable Law. The laws of the State of Washington shall govern this power of attorney.

12. Execution. This power of attorney is signed in duplicate originals on this date and shall become effective as provided in Paragraph 4.

DATED this 10th day of November, 1993.

Lucille Hazel Ruff
LUCILLE HAZEL RUFF, Principal

Sandra Jane Officer
SANDRA JANE OFFICER, Acting
Appointment this 29th day
of October, 1993.

STATE OF WASHINGTON)
) ss.
County of Skamania)

This is to certify that on November 10, 1993, before me, the undersigned Notary Public, personally appeared LUCILLE HAZEL RUFF, to me known to be the Principal described in and who executed the foregoing Durable Power of Attorney, and acknowledged to me that she signed and sealed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal the date and year first written in this certificate.



Joseph T. Vidale
NOTARY PUBLIC in and for
State of Washington,
residing at STEVENSON
My commission expires: 9-26-97