

FILED FOR RECORD
SKAMANIA CO. WASH
BY Gary M. Olson

JUL 3 2 49 PM '97

P. Olsson
AUDITOR
GARY M. OLSONRETURN TO: Susan A. Stauffer, AttorneyP O Box 719Washougal, WA 98671**DURABLE POWER OF ATTORNEY**

The undersigned, **GARY M. OLSON**, domiciled and residing in the State of Washington, as authorized by the laws of the State of Washington, herewith names, constitutes and appoints **BARBARA PODESTA**, 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 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 the undersigned and/or by other qualified persons with knowledge of any confinement, detention 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, Subsection 52 of 1974 Probate Act or until revoked or terminated under paragraphs 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 Clark County, Washington.

6. **TERMINATION:**

Reviewed ☒
Reviewed, Dir ☒
Indirect ☒
Filed ☐
Noted ☐

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.

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 she was dealing with 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 LAWS:** The laws of the State of Washington shall govern this Power of Attorney.

11. **EXECUTION:** This Power of Attorney is signed in triplicate this 2 day of July, 1997, to become effective as provided in paragraph 3.



GARY M. OLSON

STATE OF WASHINGTON)
County of Clark) ss

On this day personally appeared before me GARY M. OLSON to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and

and, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal this 2 day of July, 1997.


NOTARY PUBLIC in and for the
State of Washington, expiring
at 12/31/99
My commission expires 12/31/99

