

136278

BOOK 193 PAGE 223

## RETURN ADDRESS:

Larry Ostler  
771 Skamania Landing Road  
Stevenson, WA 98648

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SKAMANIA CO. WASH.  
BY Micky Ostler

SEP 15 1 33 PM '99

*OLawry*  
AUDITOR  
GARY H. OLSON

Please Print or Type Information.

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

1. Durable Power of Attorney
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## GRANTOR(S) (Last name, first, &amp; \_\_\_\_\_ first name and initials)

1. Ostler, Margarette E.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

☐ Additional Names on Page \_\_\_\_\_ of Document.

## GRANTEE(S) (Last name, first, then first name and initials)

1. Ostler, Larry S.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

☐ Additional Names on Page \_\_\_\_\_ of Document.

## LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

☐ Complete Legal on Page \_\_\_\_\_ of Document.

## REFERENCE NUMBER(S) Of Document assigned or released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Additional Numbers on Page \_\_\_\_\_ of Document.

## ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page \_\_\_\_\_ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

Larry Ostler  
77 Skamania Landing Road  
Stevenson, WA 98648

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### 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.** LARRY S. OSTLER, 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 shall 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 shall 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 14 day of September, 1999.

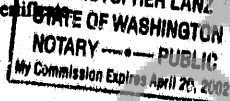
Margarette E. Ostler  
MARGARETTE E. OSTLER, Principal

Larry S. Ostler  
LARRY S. OSTLER, Accepting Appointment this 14 day of September 1999

STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

This is to certify that on 9/14/99, 1999, before me, the undersigned Notary Public, personally appeared MARGARETTE EVELYN OSTLER, 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.



Christopher K. Lang  
NOTARY PUBLIC for the State of Washington,  
residing at Burien, WA  
My commission expires: 4/20/2002