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BOOK 215 PAGE 613

Filed for record at the request of

Peggy Alarcon
3332 Oklahoma Rd
Willard, WA 98605

FILED FOR RECORD
 SKAMANIA CO WASH
 BY Peggy Alarcon

OCT 10 11 35 AM '01

G. Olsson
 AUDITOR
 GARY M. OLSON

DURABLE POWER OF ATTORNEY
[TO TAKE EFFECT IMMEDIATELY]

I, Peggy Marie Alarcon, resident of the State of Washington, give LETTA LYNN TERRY (referred to below as "the agent") a durable power of attorney, with the intention that it remain in effect and not be limited by any future disability I may have.

1. POWERS

A. The agent shall act on my behalf and for my benefit, and shall have all powers over my estate that I have or acquire. These shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell, convey or encumber any real or personal property.

B. ~~I specifically authorize the agent to revoke any community property agreement and to transfer any property to my spouse as a gift.~~ (Initial PMA here if revocation of a community property agreement and gifts to a spouse are authorized. Otherwise cross out the whole paragraph B.)

C. ~~I specifically authorize the agent to make gifts to the following~~ (Initial PMA here if gifts are authorized. Otherwise cross out the whole paragraph C.)

D. The agent shall have all powers over my person necessary or desirable to provide for my support, maintenance, health, or comfort, and shall have access to my medical records.

Signature [initials]
 Printed Name [initials]
 Address [initials]
 City [initials]
 State [initials]

2. EFFECTIVE DATE AND REVOCATION

A. This power of attorney shall become effective immediately and shall remain in effect until revoked or until my death.

B. I may revoke this power of attorney by giving written notice to the agent and by recording the written instrument of revocation in my County Auditor's Office.

3. RIGHTS AND DUTIES OF THE AGENT

A. My estate shall hold the agent harmless from, and indemnify the agent for, all liability for acts done for me in good faith based on this power of attorney.

B. The agent shall be required to account to any subsequently appointed personal representative.

4. NOMINATION OF GUARDIAN

I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced.

Dated: 10-10-01

On October 10, 2001, a person whom I know to be Peggy Marie Larson appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated: 10/10/01

Peggy B Lowry
Notary Public, State of Washington,
residing at Parson
Commission expires: 2/23/03

