Filed for record at the request of

Hazel Crauston

Underwood WA98651 509-493-2362)

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FILED FOR RECORD SKAMANIA DO. WASH BY Laura Jan Daw

APR 12 4 44 PM "02

J. MICHAEL GARVISON

DURABLE POWER OF ATTORNEY (TO TAKE EFFECT IMMEDIATELY)

Causton, resident of the State of Washington, give Com Dow (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 seil, 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 vift. here if revesation of a community property agreement and gifts to a spouce are authorized. Otherwise cross out the whole paragraph B.)

A.C.C. I secifically authorise the agent to make gifts to the following Unitial here if gifts areauthorized. Otherwise-gross out the whole pangraph C.

D. The agent shalf 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.

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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: 4/4/02.

On Carel 4 2002, a person whom I know to be Hazel Craston appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarity for the purposes mentioned above.

Dated:

Notary Public, State of Washington, residing at

Commission expires: 10-9-0



Filed for record at the request of

Nagel Cranation

P.O. 15 of 127

Undanwood WA98651

(507-493-2362)

DURABLE POWER OF ATTORNEY

I, Hazel Crauston, resident of the State of Washington, give Laura Com Low (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 cecurities; the power to sell, convey or encumber any real or personal property.
- Property agreement and to transfer any property to my spouse as a gift.
- C. If the agent believes I am likely to need long-term health care services, I specifically authorize the agent to make any gifts the agent believes I would have wished to make to expedite my eligibility for governmental payment for the cost of such services or to avoid or reduce any lien to recover the cost of such services.
- 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.

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Dated: 4.4-02

Hazel Craneton

On the part appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated:

Notary Public, State of Washington, residing at White Salman

Commission expires: 10 9 04

