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MARGARET MADISON PHELAN P.S.
502 E McLoughlin BlvJ
Vancouver WA 98663-3357
360 696-2069 • 503 243-7810

FILED FOR RECORD
SKAMIA CO. WASH

BY *Margaret Madison Phelan*

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Lawry
AUG. TOR

J. MICHAEL GARVISON

LIMITED DURABLE POWER OF ATTORNEY

I, **BETTY L. HOPKINS** hereby appoint **HARRIET [HOPKINS] FISHER** as my limited attorney in fact to act in my name and for my benefit. In the event **HARRIET [HOPKINS] FISHER** is unable or unwilling to act as my limited attorney in fact, I hereby appoint **EDNA [HOPKINS] GREEN** as my limited attorney in fact for the purposes set forth herein.

FOR THE FOLLOWING LIMITED PURPOSES:

1. General. My limited attorney in fact shall have the limited power set forth herein to handle the following matters that I might do if personally present and legally competent. This grant of authority is authorized as provided in RCW 11.94, to grant my attorney in fact authority to act as my fiduciary in my name and for my benefit as set forth herein.

a. Purposes. My attorney in fact shall have full power to handle real estate transactions and gifting.

b. Durable Power. This power of attorney shall not be affected by the incapacity of the principal and shall take effect as set forth in paragraph 2.

c. Real Estate Transactions and Gifting. My attorney in fact is authorized to handle all real estate transactions including all actions necessary to maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of any of my real property or any interest in property specifically including, but not limited to the acts of executing deeds and real estate affidavits and other documents necessary to handle the transfer or sale of real property. Further my attorney in fact is authorized to make gifts to my family members, provided that the sum of all gifts to any person(s) other than my spouse, if any, together with all prior gifts that I have made, shall not exceed the unified credit amount [applicable exclusion amount] allowed by the Internal Revenue Code or the law of any state in which I am domiciled at the time such gift is made. In making any such gift my attorney in fact shall make best efforts to make the total of all gifts made by me during

my life and passing at the time of my death consistent with any estate plan that I currently have in place. Further, my attorney in fact may consider a pattern of gifting established by me, my ability to continue making such gift or gifts, my continued health and well-being, the impact of inflation upon the value of such gifts, reduction of death taxes at the time of my death and other estate planning considerations including transfers of assets as allowed by RCW 74.09.585.

2. Effectiveness. This power of attorney shall become effective immediately.
3. Definition of Incapacity. Incapacity shall include the inability to manage property and affairs effectively for reasons such as, but not limited to, mental illness, mental deficiency, developmental disability, mental retardation, physical illness, advanced age, chronic or excessive use of drugs, chronic intoxication, confinement by governmental authority, detention by a foreign power or disappearance. I shall be deemed to have full capacity and not be incapacitated unless my physician determines otherwise in a signed writing delivered to my attorney in fact. In the case of confinement, detention or disappearance, incapacity may be evidenced by a written statement of a qualified person with knowledge of such incapacity. Upon my request, my physician shall determine whether I am no longer incapacitated and evidence its determination in a signed writing delivered to my attorney in fact. Alternatively, capacity or incapacity may be established by a finding of a court having jurisdiction over me.
4. Revocation of Prior Powers of Attorney. Any limited powers of attorney I may have previously executed that provide for the authority granted herein are hereby revoked in their entirety.
5. Termination. Notwithstanding any uncertainty as to whether I am alive or dead, this Limited Power of Attorney shall continue in effect to the extent permitted by law until revoked or terminated.
 - a. While competent, I may revoke this limited power of attorney by written notice to my limited attorney in fact and by recording a document of revocation in the Office of the Auditor of Clark County, Washington.
 - b. The appointment of a guardian of my estate shall vest in that guardian, with court approval, the power to revoke, suspend or terminate this limited power of attorney. A guardian of my person only shall not have such power.
 - c. My death shall revoke this limited power of attorney only at such time as my limited attorney in fact receives actual written notice of my death.
6. Reliance. As long as neither my limited attorney in fact nor any person dealing with my limited attorney in fact has, at the time of any act taken pursuant to this Limited Power of Attorney, received actual knowledge or written notice of revocation or termination of this Limited Power of Attorney by death or otherwise, my attorney in fact and persons dealing with my limited attorney in fact shall be entitled to rely upon this Limited Power of Attorney.

7. Power to Sue Third Parties Who Fail to Recognize Power of Attorney. If any third party (including stock transfer agents, title insurance companies, banks, credit unions, and savings and loan associations) with whom my Agent seeks to transact refuses to recognize my Agent's authority to act on my behalf pursuant to this Power of Attorney, I authorize my agent to sue and recover from such third party all resulting damages, costs, expenses, and attorney's fees that are incurred because of such failure to act. The costs, expenses and attorney's fees incurred in bringing such action shall be charged against my general assets, to the extent they are not recovered from said third party. I expressly direct my attorney-in-fact to move my assets from any brokerage, transfer agent or other entity that refuses to recognize the full extent of powers that I intend to convey by this power of attorney.

8. Indemnity. My estate shall hold harmless and indemnify my limited attorney in fact from any and all liability from acts done in good faith. This indemnification shall not extend to any negligence or willful wrongdoing by my limited attorney in fact.

9. Accounting and Fees. My limited attorney in fact shall be required to account, within a reasonable period of time, to me, any successor attorney in fact, guardian or personal representative. My limited attorney in fact shall be entitled to a reasonable fee for services performed as my limited attorney in fact.

10. Governing Law. The terms of this Limited Power of Attorney shall be governed by the laws of the State of Washington.

DATED this 04 day of 17, 2002.

Betty L Hopkins
BETTY L. HOPKINS

STATE OF WASHINGTON)
)
 : ss.
 County of Skamania)

I certify that I know or have satisfactory evidence that **BETTY L. HOPKINS** is the person who appeared before me, and said person acknowledged that **BETTY L. HOPKINS** signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 17 day of April, 2002.

Melinda S. Spitzer
 Notary Public
 PRINTED NAME Melinda S. Spitzer
 Residing at: Vancouver WA
 My appointment expires 8/1/04

MARGARET MADISON PHELAN P.S.
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