

145967

WHEN RECORDED RETURN TO:

JOYCE A. AVERY  
620 - 20<sup>TH</sup> AVENUE  
LONGVIEW, WA 98632

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FILED FOR RECORD  
SKAMANA CO. WASH  
BY SKAMANA CO. TITLE

SEP 17 2 28 PM '02

*Gawny*  
J. MICHAEL GARRISON

**Chicago Title Insurance Company**

ORDER NO.: G101261TB

*5272 25055*

**DOCUMENT TITLE(s)**

1. DURABLE POWER OF ATTORNEY

2.

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

☐ Additional reference numbers on page 2 of document

1. NA

2.

3.

**GRANTOR(s): (last name, then first name and initials)**

1. JOYCE ALICE AVERY

2.

3.

☐ Additional names on page of document

**GRANTEE(s): (last name, then first name and initials)**

1. PRISCILLA J. GILLIHAN

2.

3.

☐ Additional names on page of document

**TRUSTEE:**

1. NA

**LEGAL DESCRIPTION (abbreviated: ie Lot, Block, Plat or Section, Township, Range)**

NA

☐ Additional legal description is on page of document

**ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER**

1. NA

2.

3.

☐ Additional legal description is on page of document

Suggested  
Lender's  
Title  
Policy  
Number  
123456789

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



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20.00 Cowlitz County

PRISCILLA GILLIHAN

FOR

### DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, JOYCE ALICE AVERY, as principal, domiciled and residing in the State of Washington, as authorized by RCW 11.94.010, designate PRISCILLA J. GILLIHAN as attorney in fact to act in my stead.

1. Designations. PRISCILLA J. GILLIHAN, if able and willing to serve, is designated as attorney in fact for me as principal.

2. Powers. The attorney in fact, as fiduciary, shall have all powers or an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Washington, and shall have all powers necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the principal, including the power to consent to medical treatment. The attorney in fact shall have the power to do all things connected with my checking and/or savings account(s) in any bank or savings and loan association in which the principal might have an account. The attorney in fact shall have full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done as fully to all intents and purposes as the principal might or could do if personally present. The attorney in fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by the principal, unless the document authorizes the changes with court approval.

3. Effectiveness. This Power of Attorney shall be effective immediately and shall not be affected by the disability or incompetence of the principal. Disability shall include the inability to manage her 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 principal. Incompetence may be established by a finding of a court having jurisdiction over the principal.

4. Duration. This Power of Attorney shall remain in effect to the extent permitted by RCW 11.94.010 notwithstanding any uncertainty as to whether the principal is dead or alive.

5. Revocation. This Power of Attorney may be revoked in writing by the principal by recording the written instrument of revocation in the office of the Auditor of Cowlitz County, Washington.

6. Termination.

a. By Appointment of Guardian: The appointment of a guardian of the property of the principal terminates this Power of Attorney. The appointment of a guardian of the person only does not terminate this Power of Attorney.

b. By Death or Principal: The death of the principal



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shall be deemed to revoke this Power of Attorney upon proof of death being received by the attorney in fact.

7. 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 or person with whom she was dealing at the time of any act taken pursuant to this Power of Attorney had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise, and any action so taken, unless otherwise invalid or enforceable, shall be binding on the heirs, devisees, legatees, or personal representatives of the principal.

8. Harmless. 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 on behalf of the principal.

9. Applicable Law. The laws of the State of Washington shall govern this Power of Attorney.

10. Execution. This Power of Attorney is signed in Kelso, Cowlitz County, Washington, on this 16 day of August, 1994.

Joyce Alice Avery  
JOYCE ALICE AVERY

STATE OF WASHINGTON )  
County of Cowlitz ) ss.

On this day personally appeared before me JOYCE ALICE AVERY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.



under my hand and official seal this 16th day of August, 1994.

Cindy L. Murray  
CINDY L. MURRAY  
Notary Public, Residing at Longview.  
My Commission Expires: 6/7/98.