

FILED FOR RECORD  
SPRINGFIELD, MASS  
BY Debbie Hinzman

AUG 1 4 25 PM '03

V. Jermann  
J. MICHAEL GARVISON

Filed for record at the request of:

Debbie Hinzman  
PO Box 1163  
Stevenson WA 98648Sgt. [unclear] 5  
Sgt. [unclear] 5  
Sgt. [unclear] 5  
Sgt. [unclear] 5  
Sgt. [unclear] 5

## DURABLE POWER OF ATTORNEY

I, Uta E. Gilson, resident of the State of Washington, give John Gilson & O. Keith Hinzman (referred to below as "the agent") a durable power of attorney. I intend 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. The agent shall have the power to consent to, or to withhold consent from, medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health, and comfort, and shall have access to my medical records.

x  
26.21  
C. I authorize the agent to revoke any community property agreement and to transfer any property to my spouse as a gift. (Initial here if revocation of a community property agreement and gifts to a spouse are authorized. If they are not authorized, cross out all of paragraph C.)

x  
27.21  
D. I authorize the agent to make gifts of my property to the following person or persons: \_\_\_\_\_  
Gifts under this paragraph may be:  
\_\_\_\_\_ in any amount  
\_\_\_\_\_ not more than \$ \_\_\_\_\_ per year  
(If gifts are authorized under paragraph D, either initial next to "in any amount"

x  
2/2  
or initial next to "no more than" and fill in a dollar amount. If gifts are not authorized, cross out all of paragraph D.)

## 2. EFFECTIVE DATE AND REVOCATION

A. This power of attorney shall become effective (initial the choice that applies):

\_\_\_\_\_ immediately

2/2 only when a medical doctor who has examined me certifies in writing that I lack the mental capacity to make important decisions independently. (This certification may be made using the box at the end of this document, or may be made in a separate writing.)

B. It shall remain in effect until revoked or until my death.

C. I may revoke this power of attorney by giving written notice to the agent and, if the power of attorney has been recorded, by recording the written instrument of revocation in the county office where deeds are recorded.

## 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.

## 5. SUBSTITUTE AGENT

x  
2/2  
I appoint \_\_\_\_\_ to serve as substitute agent in place of the agent named in paragraph 1 above, if the agent named in paragraph 1 is unable or unwilling to serve. A statement signed by the substitute agent, affirming that the agent named in paragraph 1 is unable or unwilling to

serve shall be sufficient to establish that the agent is unable or unwilling to serve.  
(If no substitute agent is named, this paragraph should be crossed out.)

Dated: 8/1/03

~~John W. Gilson~~ WB

+ Viola Gilson

On August 1, 2003 a person I know to be Viola Gilson  
appeared before me ~~in person~~, signed above, and acknowledged that the signing  
was done freely and voluntarily for the purposes mentioned above.

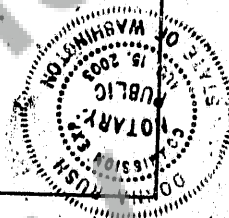
Dated: 8-1-03

Notary Public, State of Washington,

residing at: Stevenson

Commission expires: 8-15-03

Donna Rush



### Certification of Incapacity

I certify that I am a medical doctor, that I have examined the principal, and that  
the principal lacks the mental capacity to make important decisions independently.

dated: \_\_\_\_\_

signature \_\_\_\_\_

printed name: \_\_\_\_\_

address: \_\_\_\_\_

telephone: \_\_\_\_\_