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BY Susan Stauffer

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AUDITOR  
GARY M. OLSON

125005

DURABLE POWER OF ATTORNEY

BOOK 156 PAGE 542

The undersigned, **GAYLE ELAINE KIELING**, domiciled and residing in the State of Washington, as authorized by the laws of the State of Washington, herewith names, constitutes and appoints my husband, **ROYAL NELSON KIELING**, in event ROYAL is unable to so act, I appoint my daughter, **CARRIE ANNE KIELING**, as attorney-in-fact for the undersigned.

1. **POWERS:** The attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the undersigned, whether located within or without the State of Washington. The attorney-in-fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by the undersigned, unless the document authorizes changes with Court approval.

2. **PURPOSE:** The attorney-in-fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the undersigned.

3. **EFFECTIVENESS:** This power of attorney shall become effective upon the disability or incompetence of the undersigned. 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 undersigned and/or by other qualified persons with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a Court having jurisdiction over the undersigned.

4. **DURATION:** The durable power of attorney becomes effective as provided in paragraph 3 and shall remain in effect to the extent permitted by RCW 11, Subsection 52 of 1974 Probate Act or until revoked or terminated under paragraphs 5 and 6, notwithstanding any uncertainty as to whether the undersigned is dead or alive.

5. **REVOCATION:** This power of attorney may be revoked, suspended or terminated in writing by the undersigned with written notice to the designated attorney-in-fact and by recording the written instrument of revocation in the office of the Auditor of Clark County, Washington.

6. **TERMINATION:**

a) **By Appointment of Guardian:** The appointment of a guardian of the estate of the undersigned vests in the guardian with Court approval, the power to revoke, suspend or terminate this Power of Attorney. The appointment of a guardian of the person only, does not empower the guardian to revoke, suspend or terminate this Power of Attorney.

b) **By Death of the Undersigned:** The death of the undersigned shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the

Supervised \_\_\_\_\_  
Registered. Eir \_\_\_\_\_  
Signed \_\_\_\_\_  
Noted \_\_\_\_\_