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BY *Richard K. Wantland*

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Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. *Durable Power of Attorney*
- 2.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. *Wantland, Emma Josephine*
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. *Wantland, Richard K.*
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

*n/a*

☐ Complete legal on page \_\_\_\_\_ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

*n/a*

☐ Additional numbers on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

*n/a*

☐ Property Tax Parcel ID is not yet assigned.

☐ Additional parcel #'s on page \_\_\_\_\_ of document.

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

Sgt. R. R. R.  
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Sgt. R. R. R.

**DURABLE POWER OF ATTORNEY**

I, Emma Josephine Wantland, (hereinafter "the Principal") the undersigned individual, domiciled and residing in the State of Washington, hereby revoke all prior grants of durable power of attorney and designate the following person as Attorney-in-Fact to act for me.

1. **Designation.** I designate Richard K. Wantland as my Attorney-in-Fact effective as provided in Paragraph 6, below.

2. **General Powers.** The Attorney-in-Fact, as a fiduciary, shall have all powers of an absolute owner over my assets and liabilities, whether located within or without the State of Washington. Without limiting the power herein, the Attorney-in-Fact shall have full power, right and authority to sell, lease, rent, exchange, mortgage and otherwise deal with any and all property, real or personal, belonging to me the same as if s/he were the absolute owner thereof. In addition, the Attorney-in-Fact shall have specific powers including, but not limited to the following:

(a) **Real Property.** The Attorney-in-Fact shall have authority to purchase, take possession of, lease, sell, convey, exchange, release and encumber real property or any interest in real property.

(b) **Personal Property.** The Attorney-in-Fact shall have authority to purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage and pledge personal property or any interest in personal property.

(c) **Claims Against the Principal.** The Attorney-in-Fact shall have authority to pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against me and, in so doing, obtain reimbursement out of the my funds or other assets.

(d) **Financial Accounts.** The Attorney-in-Fact shall have the authority to deal with accounts maintained by or on behalf of me with institutions (including, without limitation, banks, savings and loan associations, credit unions and securities dealers). This shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts and to make deposits and withdrawals with respect to all such accounts.

(e) **Beneficiary Designations.** The Attorney-in-Fact shall have authority to make, amend, alter or revoke any of my life insurance beneficiary designations and retirement plan beneficiary designations so long as in the sole discretion of the Attorney-in-Fact such action would be in the best interests of me and those interested in my estate.

(f) **Transfers to Trust.** The Attorney-in-Fact shall have the authority to make transfers of my property, both real and personal, to any trust created by me of which I am the primary beneficiary during my lifetime.

(g) **Legal Proceedings.** The Attorney-in-Fact shall have authority to participate in any legal action in my name or otherwise. This shall include (1) actions for attachment, execution, eviction, foreclosure, indemnity and any other proceeding for equitable or injunctive relief; and (2) legal proceedings in connection with the authority granted in this instrument.

(h) **Disclaimer.** The Attorney-in-Fact shall have the authority to disclaim any interest, as defined in RCW 11.86.010, in any property to which I would otherwise succeed, by Will, community property agreement or otherwise and to decline to act or resign if appointed or serving as an officer, director, executor, trustee, or other fiduciary.

3. **Gifting Power.** The Attorney-in-Fact shall have the power to make any gifts, whether outright or in trust, during my lifetime which are consistent with the most current Will executed by or on behalf of me or testamentary provisions of the most current *inter vivos* trust executed by or on behalf of me.

4. **Health Care Decisions.**

(a) **General Authority.** The Attorney-in-Fact shall have full power and authority to make health care decisions for me to the same extent that I could make such decisions if I had the capacity to do so. In exercising this authority, the Attorney-in-Fact shall make health care decisions that are consistent with my desires as stated in this document and my Health Care Directive or otherwise made known to the Attorney-in-Fact, including, but not limited to, the following:

(1) To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

(2) To authorize the admission to or discharge from (even if against medical advice) any hospital, nursing home, residential care, assisted living or similar facility or service;

(3) To contract on behalf of me for any health care-related service or facility;

(4) To hire and fire medical, social service, and other support personnel responsible for my care;

(5) To authorize any medical or procedures intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death;

(6) To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of the my remains, to the extent permitted by law;

(7) To take possession of all personal property belonging to me that may be recovered from or about my person at the time of my illness, disability or death; and

(8) To take any other action necessary to do what is authorized herein, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name at the expense of the my estate to force compliance with my wishes.

**(b) Inspection and Disclosure of Information Relating to the Principal's Physical and Mental Health.** Without limiting the general powers granted in this instrument, the Attorney-in-Fact has the power and authority to do all of the following:

(1) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

(2) Execute, on my behalf, any releases or other documents that may be required in order to obtain the above information.

(3) Consent to the disclosure of the above information.

**(c) Signing Documents, Waivers, and Releases.** Where necessary to implement the health care decisions that the Attorney-in-Fact is authorized by this document to make, the Attorney-in-Fact has the power and authority to exercise and execute, on my behalf, all of the following:

(1) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

(2) Any necessary waiver or release from liability required by a hospital, health care facility or physician.

5. **Intent to Obviate Need for Guardianship.** It is my intent that the power given to the Attorney-in-Fact designated herein be interpreted to be so broad as to obviate the need for the appointment of a guardian for me or my estate. If the appointment of a guardian or limited guardian of my person or estate is sought, however, the I nominate the then acting Attorney-in-Fact designated above, if any, as my guardian or limited guardian, or if no one is then acting as Attorney-in-Fact, I nominate the persons designated above as Attorney-in-Fact and successor Attorneys-in-Fact as guardian or limited guardian, in the same order of priority.

6. **Effectiveness.** This Power of Attorney shall become effective immediately and shall continue in effect regardless of my disability or incompetence. Disability shall include the inability to manage property and personal affairs for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, confinement, or disappearance.

7. **Duration.** This Power of Attorney becomes effective as provided in Paragraph 6, above, and shall remain in effect to the extent permitted by the laws of the State of Washington or until revoked or terminated under Paragraphs 8 or 9, below, notwithstanding any uncertainty as to whether the Principal is dead or alive.

8. **Revocation.** This Power of Attorney may be revoked, suspended or terminated in writing by me with written notice to the designated Attorney-in-Fact, and if the same has been recorded, then by recording the written instrument of revocation with the Auditor of the county where the Power of Attorney is recorded.

9. **Termination.**

(a) **By Appointment of Guardian.** The appointment of a guardian of the estate of the Principal vests in the guardian, with court approval, the power to revoke, suspend or terminate this Power of Attorney as to the powers enumerated in Paragraphs 2 and 3 above. The appointment of a guardian of the person empowers the guardian to revoke, suspend or terminate, with court approval, those powers concerning health care decisions as enumerated in Paragraph 4 herein.

(b) **By Death of Principal.** The death of the Principal shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the Attorney-in-Fact.

10. **Accounting.** The Attorney-in-Fact shall be required to account to any subsequently appointed personal representative.

15. **Execution.** This Power of Attorney is signed on March 21, 1997, to become effective as provided in Paragraph 6.

Emma Josephine Wantland  
Emma Josephine Wantland

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF CLARK )

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

GIVEN under my hand and official seal on March 21, 1997.



NOTARY PUBLIC acting in and for the State of  
Washington, residing in Washougal, Washington.  
My commission expires 7/15/00.