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BOOK 212 PAGE 528

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SKAMIA CO. WASH.
BY Kathleen Butcher

JUL 19 9 08 AM '01
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RETURN ADDRESS.

ANTHONY H. CONNORS
ATTORNEY AT LAW
P. O. BOX 1116
WHITE SALMON, WA 98672

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.
2. Joan Mason
- 3.
- 4.

☐ Additional Names on page _____ of document.

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

- 1.
- 2.
3. Kathleen Elizabeth Masco
- 4.

☐ Additional Names on page _____ of document.

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

☐ Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

Auditor's File No. 139150, Bk 202, Pg 638
File No. Bk 197, Pg 75
File No. 141528, Bk 211, Pg 712

☐ Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax Parcel ID is not yet assigned.

☐ Additional Names 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.

DURABLE POWER OF ATTORNEY

(1) *Designation of Attorney-in-Fact.* I, JOAN MASON domiciled and residing in the State of Washington, hereby designate KATHLEEN ELIZABETH MASCO as my attorney-in-fact.

(2) *Powers of Attorney-in-Fact.* My attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over my estate, whether situated within or without the State of Washington, and my liabilities, wherever incurred. The power shall include authority to purchase, convey, mortgage, lease and take any other action with respect to any real property. In the event I become disabled or incompetent, my attorney-in-fact shall have all powers that are necessary or desirable to provide for my support, maintenance and health, and to consent to health care as provided in RCW 7.70. I give my attorney-in-fact the power to make gifts of my property. I hereby nominate my attorney-in-fact as the guardian of my person and estate in the event a guardianship is established.

(3) *Effectiveness.* This power of attorney shall become effective immediately.

(4) *Duration.* This power of attorney shall remain in effect until revoked or terminated under Paragraph 5, notwithstanding any uncertainty as to whether I am dead or alive. This power of attorney shall not be affected by disability of the principal.

(5) *Termination.* This power of attorney may be terminated in the following manner:

Revocation. This power of attorney may be revoked in writing by giving written notice to the attorney-in-fact, or if applicable, the alternate attorney-in-fact. If this power of attorney has been recorded, the written notice of revocation shall also be recorded.

By Guardian of Estate. The appointment of a guardian of my estate vests in the guardian, the power to revoke, suspend or terminate this power of attorney with court approval. The appointment of a guardian of my person does not empower the guardian to revoke, suspend or terminate this power of attorney.

By Death. This power of attorney is deemed to be revoked by my death when the attorney-in-fact has actual knowledge of the death.

(6) *Accounting.* The attorney-in-fact shall be required to account to any subsequently appointed personal representative of mine.

(7) *Indemnity.* My estate shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith.

(8) *Applicable Law.* The laws of the State of Washington, as now or hereafter in effect,

002524

including RCW 11.94.010, shall govern this power of attorney.

Dated this 18th day of JULY, 2001.

Joan Mason
JOAN MASON

STATE OF WASHINGTON)
County of Klickitat) ss.

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

Given under my hand and seal this 18th day of JULY, 2001.



Name Anthony H. Connors
Notary Public in and for the State of
Washington, residing at Hood River, OR
My commission expires 10/01/04