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BOOK 228 PAGE 104
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SKAGWAY, WASH
BY Mary Jane Cochirke
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AMOSER
J. MICHAEL BARVISON

RETURN ADDRESS:

MARY JANE Cochirke
982 Hemlock Rd
CARSON, WA 98610

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. Martyn Arthur Witte

2.

3.

4.

☐ Additional Names on Page _____ of Document.

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

1. Mary Jane Cochirke

2.

3.

4.

☐ Additional Names on Page _____ of Document.

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

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers 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, MARTYN ARTHUR WITTER, domiciled and residing in the State of Washington, hereby designate my daughter, MARY JANE LOEHRKE, 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, including RCW 11.94.010, shall govern this power of attorney.

Dated this 11th day of SEPTEMBER, 2001.

Martyn A. Witter
MARTYN ARTHUR WITTER

STATE OF WASHINGTON)
) ss.
County of Klickitat)

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

Given under my hand and seal this 11 day of SEPTEMBER, 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