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Doc # 2004154450
Page 1 of 10
Date: 09/14/2004 01:31P
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$28.00

**DURABLE POWER OF ATTORNEY
WITH HEALTH AND PERSONAL CARE PROVISIONS
FOR HILMA L. SPEIGHTS**

THE UNDERSIGNED, HILMA L. SPEIGHTS, domiciled and residing in the unincorporated Skamania County, Washington, as authorized by the Revised Code of Washington, Chapter 11.94, hereby makes his provisions for his Durable Power of Attorney with Health and Personal Care Provisions.

I. GENERAL PROVISIONS:

1.1 **Designation.** LESLIE M. CURRIE, of Woodland, Cowlitz County, Washington, is hereby designated to act as my attorney in fact as set forth with specificity below.

1.2 **Purposes.** My attorney in fact shall have all of the powers as are necessary or desirable to provide for my health and emergency care, including the power to provide substitute informed consent for me and provide all necessary releases of medical records, as set forth below.

1.3 **Effectiveness.** This document shall become effective upon execution by me and recording in the Auditor's Office of Clark County, Washington.

1.4 **Termination.** This document, once activated as set forth above, shall remain in effect to the extent permitted by RCW 11.94 or until revoked or terminated as set forth below, or by court order, notwithstanding any uncertainty as to whether I am dead or alive:

1.4A **Revocation.** This document may be revoked, suspended, or terminated in writing by me with written notice to the designated attorney in fact and by recording the written

instrument of revocation in the office of the recorder or auditor of Clark County, Washington.

- 1.4B **By Appointment of Guardian:** The appointment of a full guardian of my person vests in the guardian, with court approval, the power to revoke, suspend or terminate this Power of Attorney. The Appointment of a guardian or a limited guardian of my person only does not, without specific court order give such a guardian or a limited guardian the power to revoke, suspend or terminate this document.
- 1.4C **By Death of Principal.** My death shall be deemed to revoke this document upon actual knowledge or actual notice being received by the attorney in fact.
- 1.5 **Nomination of Guardian.** In the event that a guardianship or limited guardianship of my person becomes necessary, I nominate the attorney in fact designated herein to serve in that role, subject to the confirmation of the Court.
- 1.6 **Third Party Reliance.** For the purpose of inducing any physician, hospital, bank, broker, custodian, insurer, lender, transfer agent, taxing authority, governmental agency, or other party to act in accordance with the powers granted in this document, I hereby represent, warrant, and agree that:
- 1.6A If this document is revoked or amended for any reason, I, my estate, my heirs, successors, and assigns will hold such party or parties harmless from any loss suffered, or liability incurred, by such party or parties in acting in accordance with this document prior to that party's receipt of written notice of any such revocation or amendment;
- 1.6B The powers conferred on my attorney in fact by this document may be exercised by my attorney in fact alone, and the signature or act of my attorney in fact under the authority granted in this document may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf;
- 1.6C No person who acts in reliance upon any representation made by my attorney in fact as to the scope of authority granted under this document shall incur any liability to me, my estate, my heirs, successors or assigns for permitting my attorney in fact to exercise any such power, nor shall any person who deals with my attorney in fact be responsible to determine or insure the proper applications of funds or property;

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1.6D All third parties from whom my attorney in fact may request information regarding my health or personal affairs are hereby authorized and directed to provide such information to my attorney in fact without limitation and are released from any legal liability whatsoever to me, my estate, my heirs, successors or assigns for complying with the requests of my attorney in fact.

1.7 **Exclusive authority:** My attorney in fact shall have the right to seek appropriate court orders mandating acts which my attorney in fact deems appropriate if a third party refuses to comply with actions taken by my attorney in fact and such acts are authorized by this document. My attorney in fact shall also have the right to enjoin acts by third parties that my attorney in fact has not authorized. In addition, my attorney in fact may bring legal action against any third party who fails to comply with actions I have authorized my attorney in fact to take and demand damages, including punitive damages if available, on my behalf for such noncompliance.

1.8 **Indemnification of Attorney in Fact.** My estate shall hold harmless and indemnify my attorney in fact from all liability for acts done in good faith and not in fraud of me.

1.9 **Applicable Law.** The laws of the State of Washington shall govern this Durable Power of Attorney with Provisions for Personal Health Care.

1.10 **Liability of Attorney in Fact.** My attorney in fact shall incur no personal liability for acts done as attorney in fact, pursuant to the power and on behalf of me.

II. SPECIFIC PROVISIONS REGARDING ESTATE MATTERS:

2.1 **Powers.** My attorney in fact, as fiduciary, shall have all powers of an absolute owner over all of my assets and liabilities, whether located within or without the State of Washington.

2.2 **Authority.** My attorney in fact shall have the authority to access, encumber, sell, liquidate, pledge, transfer, assign, convey, commit or otherwise dispose of any and all safety deposit boxes and contents, savings certificates, certificates of deposit, treasury bills and other government securities, financial accounts, investment accounts, annuities and real property which I now have or acquire, including the authority to gift any such property so long as such gifting follows the general intent of any document/s evidencing my estate plan.

2.3 **Estate Planning Documents.** My attorney in fact shall not have the power to revoke or change any of my estate planning or testamentary documents previously executed by me, **except that**, my attorney in fact shall have the specific authority:

2.3A If I am in need of long-term health care services and for purposes of making me Medicaid eligible, to make gifts of property of any kind owned by me which my attorney in fact believes I would have wished to make, so long as the amount given away in any calendar month will not make me ineligible for Medicaid benefits at any time;

2.3B To make transfers of the property to any trust, whether or not created by me, if the trust benefits me and does not have dispositive provisions which are different from those which would have governed the property had it not been transferred to the trust;

2.3C To execute assignments of assets pursuant to RCW 74.09.545; and

2.3D To disclaim property as at the discretion and in the opinion of the attorney in fact appears appropriate.

III. SPECIFIC PROVISIONS REGARDING HEALTH AND PERSONAL CARE:

3.1 **Waiver of Privilege.** I hereby voluntarily waive any physician/patient privilege or psychologist/patient privilege that may exist in my favor and I hereby authorize physicians, psychologists or other appropriate diagnostic personnel to examine me and disclose my physical and/or mental condition in order to determine my incapacity or capacity for purposes of this document.

3.2 **Powers Regarding My Health and Personal Care:** The scope of authority granted in this document is limited to matters set forth herein, but includes powers reasonably necessary to carry out the intent of this instrument which are consistent with the provisions of RCW 11.94 et seq.

3.2A HIPAA Release Authority.

3.2A.1 I authorize my attorney in fact to request, review, and receive any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain this information.



- 3.2A.2 I intend for my attorney in fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA, 42 USC §1320d and 45 CFR 160-164.
- 3.2A.3 **I HEREBY AUTHORIZE:** Any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me that has paid for or is seeking payment from me for such services to give, disclose and release to my attorney in fact, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition; to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.
- 3.2A.4 The authority given my attorney in fact shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information.
- 3.2A.5 I also authorize my attorney in fact to complete and sign any required form (ie: "patient authorization" form, or its successor or substitute form) required by federal "HIPAA" regulations in order to transfer or otherwise release any of my individually identifiable health records as deemed appropriate by my attorney in fact.
- 3.2A.6 The authorities given my attorney in fact herein have no expiration date, and shall expire only in the event that A) I revoke the authority in writing and deliver it to my health care providers; or B) a Court of law orders in writing that this power of attorney is invalid or terminated, and such Order is

delivered to my health care providers;

- 3.2B To employ and discharge physicians, psychiatrists, dentists, nurses, therapists and other professionals as my attorney in fact may deem necessary for my physical, mental and emotional well-being; and to pay them, or any of them, reasonable compensation;
 - 3.2C To give or withhold informed consent to my medical care, surgery, or any other medical procedures or tests;
 - 3.2D To arrange for my hospitalization, convalescent care, hospice care, or home care; and
 - 3.2E To revoke, withdraw, modify, or change informed consent to my medical care, surgery, or any other medical procedures or tests, hospitalization, convalescent care, or home care that I or my attorney in fact, as my agent, may previously have allowed or consent to which may have been implied due to emergency conditions.
- 3.3. **Additional Powers.** Because my designated attorney in fact knows my personal preferences regarding my care and because I am confident that my designated attorney in fact will be guided in making decisions by my preferences, my attorney in fact shall also have the authority:
- 3.3A To summon paramedics or other emergency medical personnel and seek emergency treatment for me, or choose not to do so, as my attorney in fact deems appropriate given my wishes and my medical status at the time of the decision;
 - 3.3B When dealing with hospitals and physicians, to sign documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of, or releases from, liability required by the hospitals or physicians to implement my wishes regarding medical treatment or non-treatment;
 - 3.3C Upon the execution of a certificate by two (2) independent psychiatrists who have examined me, who are licensed to practice in the state of my residence and in whose opinions I am in immediate need of hospitalization because of mental disorders, alcoholism, or drug abuse, to act as follows:
 - 3.3C.1 To arrange for my voluntary admission to an appropriate hospital or institution for treatment of the diagnosed problem or disorder;



- 3.3C.2 To arrange for private psychiatric and psychological treatment for me;
- 3.3C.3 To refuse consent for any such hospitalization, institutionalization, and private psychiatric and psychological care; and
- 3.3C.4 To revoke, modify, withdraw, or change consent to such hospitalization, institutionalization, and private treatment that I or my attorney in fact, as my agent, may have given at an earlier time;
- 3.3D To request that aggressive medical therapy not be instituted or be discontinued, including (but not limited to) cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusions, nasogastric tube use, intravenous feedings, endotracheal tube use, antibiotics, and organ transplants.
- 3.3D.1 My attorney in fact should try to discuss the specifics of any such decision with me if I am able to communicate with him in any manner, even by blinking my eyes.
- 3.3D.2 If I am unconscious, comatose, senile, or otherwise unreachable by such communication, my attorney in fact should make the decision guided primarily by any preferences that I may previously have expressed and secondarily by the information given by the physicians treating me as to my medical diagnosis and prognosis.
- 3.3D.3 My attorney in fact specifically may request and concur with the writing of a "no-code" (DO NOT RESUSCITATE) order by the attending or treating physician;
- 3.3E To consent to and arrange for the administration of pain-relieving drugs of any type, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction, or even hasten the moment of (but not intentionally cause) my death.
- 3.3F To arrange for unconventional pain-relief therapies such as biofeedback, guided imagery, relaxation therapy,

acupuncture, skin stimulation or cutaneous stimulation, hospice care, and other therapies that my attorney in fact believes may be helpful to me;

- 3.3G To exercise my right of privacy to make decisions regarding my medical treatment and my right to be left alone even though the exercise of my right might hasten death or be against conventional medical advice. My attorney in fact may take appropriate legal action, if necessary in the judgment of my attorney in fact, to enforce my right in this regard;
- 3.3H Knowing, as my attorney in fact does, my spiritual or religious preferences, to arrange for the presence or non-presence and involvement or non-involvement of religious clergy or spiritual leaders in my care, provide them access to me at all times, maintain my memberships in religious or spiritual organizations or arrange for membership in such groups, and enhance my opportunities to derive comfort and spiritual satisfaction from such activities, including religious books, tapes, and other materials;
- 3.3I With a view to meeting my needs for companionship at a time when I am disabled or otherwise unable to arrange for that companionship myself, and with the knowledge of my attorney in fact of my needs and preferences, to arrange for such companionship for me as will respect my dignity and meet my needs and preferences. I shall seek to communicate my wishes in this regard to my attorney in fact from time to time, but if necessary, my attorney in fact may rely upon previously-expressed wishes in fulfilling this responsibility;
- 3.3J To arrange for opportunities for me to engage in recreational and sports activities, including travel, as my health permits. I shall seek to communicate my wishes in this regard to my attorney in fact from time to time, but if necessary, my attorney in fact may rely upon previously expressed preferences in fulfilling this responsibility;
- 3.3K If I have not already done so, to make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements, including anatomical gifts, as my attorney in fact deems advisable. I shall seek to communicate my wishes to my attorney in fact with respect to these matters and my attorney in fact should rely upon such wishes in exercising this power; and



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Page: 9 of 10

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SARAH STOOKEY LAW OFFICE

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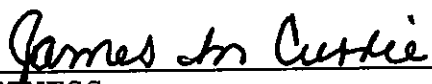
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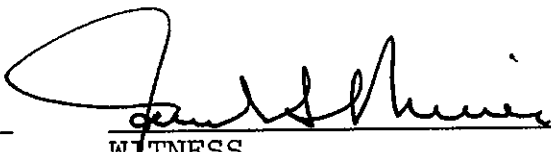
- 3.3L To sign, execute, deliver, acknowledge, and make declarations in any document or documents that may be necessary, desirable, convenient, or proper in order to exercise any of the powers regarding my personal care; to enter into contracts; and to pay reasonable compensation or costs in the exercise of any such powers.
- 3.4 **Information/Records Authorization.** With specific reference to medical information, including information about my mental condition, I hereby am authorizing in advance all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my attorney in fact all information and photocopies of any records that my attorney in fact may request. If I have the capacity to confirm this authorization at the time of this request, third parties may seek such confirmation from me if they so desire. If I do not have the capacity to make such a confirmation, all physicians, hospitals, and other health care providers hereby are authorized to treat the request of my attorney in fact as that of a legal representative of an incompetent patient and to honor such requests on that basis. I hereby waive all privileges that may be applicable to such information and records and to any communication pertaining to me and made in the course of an attorney/client, physician/patient or psychologist/patient, clergy/penitent relationship.

DATED this 13th day of September, 2004.


HILMA L. SPEIGHTS

The foregoing instrument, consisting of ten (10) typewritten pages, including this and the last, was on this 13th day of September, 2004 signed by HILMA L. SPEIGHTS, who, at said time, appeared to be of sound and disposing mind and memory, and was by him declared to be his designation of Durable Power of Attorney with Provisions for Personal Health Care, in the presence of us, who, at his request and in his presence and in the presence of each other, have hereunto set our hands as witnesses thereto this 13th day of September, 2004. Each page of this Durable Power of Attorney with Provisions for Personal Health Care and attached Affidavit bears the signature or initials of HILMA L. SPEIGHTS.


WITNESS
Skamania County, Washington


WITNESS
Skamania County, Washington

AFFIDAVIT OF SUBSCRIBING WITNESSES

STATE OF WASHINGTON)

: ss.

County of Clark)

We, the undersigned, being first duly sworn, upon oath, depose and state as follows:

1. We make this Affidavit at the request of HILMA L. SPEIGHTS, who has executed in our presence on the date below written, the foregoing document which he described as being her Durable Power of Attorney with Provisions for Personal Health Care.
2. We reside in the State of Washington and are competent witnesses. We each know said HILMA L. SPEIGHTS and we are the subscribing witnesses to said Durable Power of Attorney with Provisions for Personal Health Care, which then was signed and executed by HILMA L. SPEIGHTS, on the date appearing below, in the presence of each of us. HILMA L. SPEIGHTS thereupon published said document as her Durable Power of Attorney with Provisions for Personal Health Care by declaring the same to be such and requested each of us to subscribe our names as witnesses thereto. Thereupon, in the presence of HILMA L. SPEIGHTS, and in the presence of each other, we did subscribe our names as witnesses.
3. On the below date, at the time of the signing of the Durable Power of Attorney with Provisions for Personal Health Care, HILMA L. SPEIGHTS was of legal age and appeared to be of sound and disposing mind and memory and was not acting under any duress, menace, fraud, undue influence or misrepresentation.

DATED this 13th day of September.

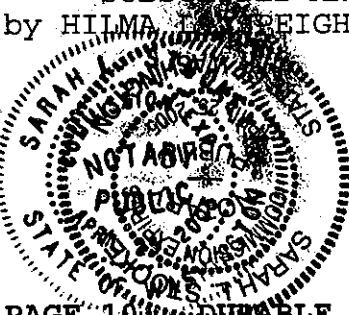
James M. Currie
WITNESS

Skamania County, Washington

Janet L. Miner
WITNESS

Skamania County, Washington

SUBSCRIBED AND SWORN to before me this 13th day of September, by HILMA L. SPEIGHTS, JANET L. MINER, and JAMES S. CURRIE.



Sarah L. Stookey
TITLE: Notary Public for Washington
Commission Expires 04-25-05

PAGE 10 Durable Power of Attorney with Health and
PERSONAL CARE PROVISIONS FOR HILMA L. SPEIGHTS

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