

WHEN RECORDED RETURN TO:

Sandra Bacus
91 Sprague Landing Road
Stevenson
WA 98648

DOCUMENT TITLE(S)

Durable Power of Attorney

REFERENCE NUMBER(S) of Documents assigned or released:

Additional numbers on page _____ of document.

GRANTOR(S):

Lillian Hazel Amad

Additional names on page _____ of document.

GRANTEE(S):

Sandra Sue Bacus

Additional names on page _____ of document.

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

Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

Additional parcel numbers on page _____ of document.

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

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

DURABLE POWER OF ATTORNEY

I, Lillian Hazel Amad, resident of the State of Washington, revoke any powers of attorney I may have given in the past and give my daughter, Sandra Sue Bacus (referred to below as "the agent") a durable power of attorney. I intend that it not be limited by any disability I may have in the future.

My agent shall have the sole discretion to determine when this durable power of attorney shall become effective.

1. POWERS

- A. The agent shall act on my behalf and for my benefit, and shall have all powers over my estate that I have or could acquire. These shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell, convey or encumber any real or personal property and the power to make gifts of my assets or loan my assets.
- B. The agent shall have the power to consent to, or to withhold consent from, medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health and comfort; the agent shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- C. I authorize the agent to revoke any community property agreement and to transfer any property to my daughters Sandra S. Bacus and Joyce A. Perrin.

- D. I authorize the agent to make gifts of my property to the following person or persons: Sandra S. Bacus and Joyce A. Perrin in any amount to be determined at the sole discretion of my agent.

2. EFFECTIVE DATE AND REVOCATION

- A. This power of attorney shall become effective when my agent certifies in writing that I lack the mental capacity to make important decisions independently.
- B. It shall remain in effect until revoked or until my death.
- C. I may revoke this power of attorney by giving written notice to the agent and, if the power of attorney has been recorded, by recording the written instrument of revocation in the county office where deeds are recorded.
- D. If I give notice of revocation after my agent has certified that I lack the mental capacity to make important decisions, then my agent's power of attorney shall be suspended unless and until a court determines that the revocation was not effective.

3. RIGHTS AND DUTIES OF THE AGENT

- A. My estate shall hold the agent harmless from, and indemnify the agent for, all liability for acts done regarding my assets or any health decision pursuant to this power of attorney.
- B. The agent shall be required to account to any subsequently appointed personal representative.

4. NOMINATION OF GUARDIAN

I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced

5. SUBSTITUTE AGENT

I appoint Geoffrey B. Silverman to serve as substitute agent in place of the agent named in paragraph 1 above, if the agent named in paragraph 1 is unable or unwilling

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to serve. A statement by the substitute agent, affirming that the agent named in paragraph 1 is unable or unwilling to serve shall be sufficient to establish that the agent is unable or unwilling to serve.

Dated: 1-10-07 Lillian Hazel Amad
Lillian Hazel Amad

State of Washington
County of Skamania ss:

On January 10th 2007, a person I know to be Lillian Hazel Amad appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

AMY PRICE
NOTARY PUBLIC
STATE OF WASHINGTON
My Commission Expires
JULY 1, 2010

Amy Price
NOTARY
my commission exp July 1, 2010