

Doc # 2007166502
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Date: 06/14/2007 01:02P
Filed by: HELEN L BARNES
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$34.00

WHEN RECORDED RETURN TO:

Helen L. Barnes
251 Wedrick Rd.
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):

Claude G. Barnes

☐ Additional names on page ____ of document.

GRANTEE(S):

Helen L. Barnes

☐ 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.

DURABLE POWER OF ATTORNEY

(1) *Designation of Attorney-in-Fact.* I, CLAUDE G. BARNES, domiciled and residing in the State of Washington, hereby designate my wife, HELEN L. BARNES, as my attorney-in-fact. In the event she is unable to so act, I designate my daughter, KAREN A. PRESTON, 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 in the event I become disabled or incompetent. Disability shall include the inability to manage my property and affairs effectively for reasons such as mental illness or deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance. Disability may be evidenced by the written statement of a qualified attending physician or any other competent person with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a court having proper jurisdiction.

(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.

DURABLE POWER OF ATTORNEY

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