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Date: 11/15/2007 09:11A

Filed by: CYNTHIA & TOM ESCENE

Filed & Recorded in Official Records

of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$44.00

WHEN RECORDED RETURN TO:

Cynthia M. Escene
2962 Berge Rd
Home Valley WA 98648

DOCUMENT TITLE(S)

Durable Power of Attorney For Health Care

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Helen E. LaDue

☐ Additional names on page _____ of document.

GRANTEE(S):

Cynthia M. Escene

☐ 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
FOR HEALTH CARE DECISIONS WITH PROTECTED MEDICAL
INFORMATION AUTHORIZATION**

1. Appointment of Attorney-in-Fact

I, **Helen E. LaDue**, the undersigned individual, referred to as the "Principal," a resident of the State of Washington, hereby designate and appoint **Cynthia M. Escene**, referred to as the "Attorney-in-Fact," as my Attorney-in-Fact for Health Care Decisions, as authorized by the laws of the State of Washington.

2. Power to Give Informed Consent to Medical Treatment

I hereby empower my Attorney-in-Fact to give informed consent for health care on my behalf. As used by me, the term "to give informed consent" also includes withholding or withdrawing such consent as well as making all other decisions without limitation that relate to my health care.

3. Designation of Guardian

If a guardianship of my person becomes necessary or desirable, I nominate the above-named Attorney-in-Fact to serve as my guardian.

4. Effective Date and Duration

Except with regard to Paragraph 6(a) below, this power shall become effective when I am not competent to give informed consent to health care and a guardian for my person has not been appointed. My regular physician must first determine in writing that I am incompetent to make health care decisions. The authority of my attorney-in-fact for health care decisions does not terminate if I become incapacitated.

5. Condition

Before my Attorney-in-Fact exercised his or her authority to give informed consent on my behalf, he or she will first determine in good faith that I would, if competent, consent to the proposed health care. If he or she cannot make such a determination, then he or she will determine in good faith that the proposed health care is in my best interest.

6. Access to Protected Health or Medical Information

(a) Effective immediately, I intend that my Attorney-in-Fact shall be my personal representative with power to consent to the disclosure of and to authorize the use of my medical records and information pursuant to applicable state and federal statutes and regulations for the purpose of determining whether I am competent to give informed consent for health care. I waive any privilege to such information in favor of my agent.

(b) In the event of my incompetency, my Attorney-in-Fact shall have access to all my medical and health care records and information. My Attorney-in-Fact has authority to consent to the disclosure of such records pursuant to applicable state and federal statutes and regulations with the same power and authority that I would have to authorize such disclosure. My Attorney-in-Fact is authorized to obtain any information whatsoever regarding my personal affairs or physical or mental health from any person, including any physician, hospital, nurse, medical attendant, technician, health care or nursing facility or personnel, psychiatrist, psychologist, counselor, therapist or drug or alcohol counselor or personnel from any drug or alcohol or mental health facility, or any other health care provider. I waive any privilege to such information in favor of my agent.

7. Hold Harmless-Indemnity

I make this grant of power with confidence that my Attorney-in-Fact is a person of good judgment who knows me well. The estate of the Principal shall defend, protect, hold harmless, and indemnify the Attorney-in-Fact from all liability for acts or omissions occurring in good faith reliance on this instrument, but not as to any species of fraud upon the principal, for any claim for any damages arising from his or her reliance on this instrument.

8. Limitation

This grant of power is limited to informed consent for health care decisions and access to medical records as set forth herein and is not intended to constitute any broader grant of legal authority to act for me in other respects. All questions concerning this instrument shall be governed by the Laws of the State of Washington.

9. Revocation of Prior Designations

The Principal hereby revokes any and all health care powers conferred upon any person prior to the date this instrument was executed.

10. Execution

This Durable Power of Attorney for Health Care Decisions is signed on this 14th day of November, 2007, to become effective as provided in Paragraphs 4 and 6.

Name Printed:

Helen E. LaDue

Signature:

Address:

PO Box 53 Stevenson WA 98648

Debra F. Sears - witness

11/14/07

Debra F. Sears
62 Farness Rd
Cook, WA 98605

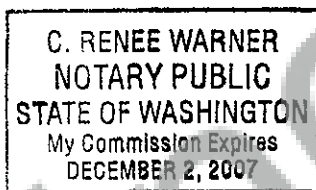
ACKNOWLEDGMENT OF PRINCIPAL

STATE OF WASHINGTON)

COUNTY OF Klickitat)ss.

On this 14th day of November, 2007,
before me, the undersigned, a Notary Public in and for the State of Washington, duly
commissioned and sworn, personally appeared Helen E. LaDue,
known to me to be the individual described in the who executed the foregoing Durable
Power of Attorney for Health Care Decisions, and acknowledged to me that he/she signed
and sealed this as his/her free and voluntary act and deed, for the uses and purposes
therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL hereto affixed the day and year
first above written.



C. Renee Warner
Name: C. Renee Warner
NOTARY PUBLIC in and for the State of
Washington, residing at White Salmon, WA
My Commission expires: 12/2/07