

WHEN RECORDED RETURN TO:

Wilma Spring

6702 E. Loop 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):

John Arthur Spring

☐ Additional names on page _____ of document.

GRANTEE(S):

Wilma Spring

☐ 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, JOHN ARTHUR SPRING domiciled and residing in the State of Washington, hereby designate WILMA SPRING, 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 estate. In the event I become disabled or incompetent, my attorney-in fact shall have all powers as are necessary or desirable to provide for my support, maintenance and health, and to consent to health care as provided in RCWA 7.70. I give my attorney-in-fact the power to make gifts of my property to my descendants. My attorney-in-fact is also authorized to disclaim any or all of the assets, which I might be entitled to as a beneficiary. I hereby nominate my attorney-in-fact as the guardian of my estate and person in the event a guardianship is established.
3. *Effectiveness.* This power of attorney shall become effective immediately 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, confinement or detention by a foreign power or disappearance. Disability may be evidenced by the written statement of a qualified physician or by another 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:
 - 5.1 *Revocation.* This power of attorney may be revoked in writing by my giving written notice to the attorney-in-fact, of if applicable, the alternate attorney-in-fact.

If this power of attorney has been recorded, the written notice of revocation shall also be recorded.

5.2 *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.

5.3 *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 June 5, 2006.


JOHN ARTHUR SPRING

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

I certify that I know or have satisfactory evidence that JOHN ARTHUR SPRING signed this instrument and acknowledged it to be his free and voluntary act for the use and purposes mentioned in the instrument.

Dated: JUNE 5, 2006


Notary Public
Residing at N. Bonneville
My Appointment Expires: 3/1/07

