

AFTER RECORDING RETURN TO:

Diane Hansen, POA
PO BOX 362
Brush Prairie, WA 98606

FINANCIAL DURABLE POWER OF ATTORNEY

1. Creation. I, VIOLET M. KORHONEN, as Principal and a resident of the State of Washington, hereby appoint my daughter, DIANE M. HANSEN, to serve as Attorney-In-Fact (or "Agent") to make financial decisions for me as authorized in this document and to act as guardian or limited guardian of my estate, should guardianship proceedings become necessary or desirable. In the event DIANE M. HANSEN is unable or unwilling to act, then I appoint my granddaughter, KIMBERLY D. REED, as alternate Attorney-In-Fact.

2. Effectiveness: Effective Upon Disability. This Power of Attorney shall become effective upon, and shall survive and continue during my disability, incompetence, incapacity, or partial incapacity. Disability, incompetence, incapacity or partial incapacity shall include, without limitation, my inability to manage my property and affairs or caring for myself effectively, for reasons such as mental illness, mental deficiency or other mental incapacity, physical illness or disability, advanced age, senility, chronic use of drugs, chronic intoxication, confinement by governmental authority, detention by a foreign power or disappearance. The principal shall be deemed to have full capacity and not be incapacitated unless the principal's physician determines otherwise in a signed writing delivered to the attorney-in-fact. In the case of confinement, detention or disappearance, incapacity may be evidenced by a written statement of a qualified person with knowledge of such incapacity. Upon the principal's request, the principal's physician shall determine whether the principal is no longer incapacitated and evidence the determination in a signed writing delivered to the attorney-in-fact. Alternatively, capacity or incapacity may be established by (a) a finding of a court having jurisdiction over the principal; (b) a qualified physician who has attend the principal and has sufficient familiarity with the principal with which to make a determination; or (c) by the principal's consent in writing which consent shall be notarized or witnessed by two persons attorney other than the designated attorney-in-fact.

3. When Successor Agent is Entitled to Act. The successor Agent shall be entitled to act upon the death, disability or incapacity determined by the same criteria above, or upon the

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written resignation of the designated prior Agent or under a written delegation of authority by my Agent.

4. Powers. My Agent shall have all powers of an absolute owner over my assets and liabilities, whether located within or without the State of Washington, including, without limitation, the following power and authority:

4.1 Financial Accounts: Safe Deposit Box. Deal with accounts maintained by me or on my behalf with financial institutions as defined in RCW 30.22.040 (including, without limitation, banks, securities dealers, credit unions and savings and loan associations), which shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts, to sell or transfer stocks, bonds and other securities owned by me, and to make deposits, transfers and withdrawals with respect to all such accounts and to enter any safe deposit box to which I have a right of access and deposit or remove property therefrom.

4.2 United States Treasury Bonds. Purchase United States Treasury Bonds which may be redeemed at par in payment of federal estate tax.

4.3 Stocks: Bonds. Sell, exchange or otherwise transfer title to my stocks, bonds, or other securities.

4.4 Real Property. Purchase, take possession of, lease, sell, convey, exchange, assign, mortgage, release or otherwise transfer or encumber real property or any interest in real property or to improve and otherwise deal with real estate.

4.5 Personal Property. Purchase, receive, take possession of, lease, sell, assign, exchange, release, mortgage and/or pledge personal property or any interest in personal property.

4.6 Taxes. Submit all federal and state income tax and gift tax returns on my behalf, to pay all such taxes as may be due and receive tax refunds and other payments from taxing authorities and otherwise act on my behalf in any and all matters concerning the Internal Revenue Service as well as any state or local taxing authority. This authority shall include the authority to submit an Internal Revenue Service Form 2848 with a statement attached to it indicating the validity of this power of attorney.

4.7 Moneys Due. Request, demand, recover, collect, endorse and receive all moneys, income, tax refunds, debts, accounts, gifts, bequests, dividends, annuities, rents and payments due me.

4.8 Claims Against Principal. Pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against me and, in so doing, use any of my funds or other assets or use funds or other assets of the Attorney-in-Fact and obtain reimbursement out

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of my funds or other assets.

4.9 Legal Proceedings. Participate in any legal action in my name or otherwise. This shall include (a) actions for attachment, execution, eviction, foreclosure, indemnity, and any other proceeding for equitable or injunctive relief and (b) legal proceedings in connection with the authority granted in this instrument.

4.10 Written Instruments. Sign, execute, deliver and acknowledge all written instruments or any other documents whatsoever which may be necessary or proper in the exercise of the powers and authority granted as fully as I could do if personally present.

4.11 Medical Care Assistance Transfers. Make any transfer of resources not prohibited under RCW Chapter 74.09, as now or hereafter amended or recodified, when the transfer is for the purpose of qualifying me for state or federal medical care assistance or a limited casualty program for the medically needy, or for the purpose of preserving for my spouse, or other relative, the maximum amount of property allowed under applicable law if an application has been made for governmental medical assistance, or in anticipation of such application and for the purpose of avoiding a Medicaid Recovery Lien. In connection with such transfers, my agent shall have the authority to (a) make, amend, alter, or revoke any life insurance beneficiary designations, employee benefit plan beneficiary designations, trust agreements, or community property agreements; (b) to make gifts of property owned by the principal to any person, without limitation, including to the attorney-in-fact; and (c) to make transfers of property to any trust (whether or not created by the principal).

4.12 Make, amend, alter or revoke any of my life insurance beneficiary designations and retirement plan beneficiary designations, so long as in the sole discretion of the Agent, such action would be in my best interests and the best interests of those interested in my estate.

4.13 Except as otherwise provided above, the Attorney-In-Fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by me, unless the document authorizes changes with court approval.

4.14 To delegate, in writing, to any alternate or successor Attorney-In-Fact named above, any authority granted under this Power of Attorney. Any such appointment of temporary Attorney-In-Fact or delegation of authority shall set forth the period for which it is valid, and specify the limits, if any, of such appointment or delegation during such period.

5. Purposes. My Agent shall have all powers as are necessary or desirable to provide for my support, maintenance, health, emergencies, and urgent necessities.

6. Termination and Revocation.

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6.1 In General. This power of attorney revokes and supersedes all prior financial powers of attorney executed by me, whether recorded or not. This power of attorney may be revoked, suspended or terminated by me at any time or by court order. If this Power of Attorney has been recorded, the written instrument of revocation may be recorded in the office of the recorder or auditor of the place where the power was recorded. Upon my death, this power of attorney shall terminate upon actual knowledge or receipt of written notice thereof by the Agent.

6.2 By Guardian. A Guardian of my estate appointed by the Court shall have the power to revoke, suspend or terminate this power of attorney, subject to the approval of the court. A Guardian of my person only shall not have the power to revoke, suspend or terminate this power.

7. Accounting. My Agent shall keep accurate records of my financial affairs, including documentation of all transactions in which the Agent is involved. My Agent shall account for all actions taken by my Agent for or on behalf of me upon request by me, any guardian or limited guardian of my estate or of my person, any subsequently appointed Agent, any successor Agent acting in such capacity, any primary or alternate Agent named herein, and/or to any subsequently appointed personal representative of my estate.

8. Reliance. Any person acting in good faith and in reasonable reliance on this power of attorney shall not incur any liability thereby, so long as such party has not received actual knowledge or actual notice of revocation, suspension or termination of this Power of Attorney by death or otherwise. Any action so taken unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representative.

9. Indemnity. My estate shall hold harmless and indemnify my Agent from all liability for acts or omissions done in good faith.

10. Compensation. My Agent serving hereunder shall be entitled to receive at least annually, and without court proceedings, reasonable compensation and reimbursement for costs expended. My Agent is authorized and encouraged when my Agent deems it desirable or necessary to employ others to aid in the management of my assets, or the exercise of powers under this Power of Attorney or any Power of Attorney for Health Care that I have executed, including but not limited to, lawyers, accountants, financial advisors, physicians or other appropriate persons.

11. Guardianship. One of the purposes of this document is to avoid the need for a guardianship in the event of my disability or incapacity and this document should be broadly construed to accomplish that purpose. In the event a proceeding is initiated to appoint a guardian of my estate, I nominate the person designated as my Agent to serve as guardian and if my Agent is unwilling or unable to serve as Guardian, I nominate my alternate Agent above named.

13. Reliance On Photocopy. Third parties shall be entitled to rely on a photocopy of the signed Original hereof.

15. Execution: This power of attorney is executed on this 19th day of October, 2012, to become effective as provided in Article 2.

STATE OF WASHINGTON)
 : ss.
COUNTY OF CLARK)

DATED this 19th day of October, 2012.

NOTARY PUBLIC in and for the State
of Washington; my appointment
expires: 10/23/18