

Filed for record at the request of:

Edith Clark

PO Box 103

Carson, WA 98610

### DURABLE POWER OF ATTORNEY

I, Edith Emma Clark, resident of the State of Washington, revoke any powers of attorney I may have given in the past and give Patricia Dawn Peters (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.

#### 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 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.

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 spouse or registered domestic partner as a gift. (Initial here if revocation of a community property agreement and gifts to a spouse or registered domestic partner are authorized. If they are not authorized, cross out all of paragraph C.)~~

D. I authorize the agent to make gifts of my property to the following person or persons: As per my will.  
Gifts under this paragraph may be:  
\_\_\_\_\_ in any amount  
\_\_\_\_\_ not more than \$ \_\_\_\_\_ per year

(If gifts are authorized under paragraph D, either *initial* next to “in any amount” or *initial* next to “no more than” and fill in a dollar amount. If gifts are not authorized, cross out all of paragraph D.)

No gift may be made under this power of attorney, except to a spouse or registered domestic partner if authorized under paragraph 1(C), unless authorized by this paragraph.

## 2. EFFECTIVE DATE, REVOCATION AND DISPOSITION OF REMAINS

A. This power of attorney shall become effective (initial the choice that applies):

EEC immediately

\_\_\_\_\_ only when my agent certifies in writing that I lack the mental capacity to make important decisions independently. (This certification may be made using the box at the end of this document, or may be made in a separate writing.)

B. It shall remain in effect until revoked or until my death.

C. After my death, my agent shall have the authority to act as my representative for purposes of controlling the disposition of my remains, as authorized under RCW 68.50.16, if I have not otherwise made lawful provision for their disposition.

D. 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.

E. 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 or 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 for me in good faith based on 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 Scott Peters 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 to serve. A statement signed 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.

(If no substitute agent is named, this paragraph should be crossed out.)

Dated: 2-17-16

Edith E Clark

On 2/17/16, a person I know to be Edith E Clark appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated: 2/17/16

Kelly Tison

Notary Public, State of Washington,

residing at: N. Bonnevillle

Commission expires: 1/23/18

KELLY TENNISON  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
JANUARY 23, 2018

-OFFICIAL-  
GENERAL POWER OF ATTORNEY FORM

**I. NOTICE** - This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer unlimited financial powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), unlimited financial powers are described as: **all financial decision making power legal under law**. The Principal's transfer of financial powers to the Attorney-in-Fact are granted upon authorization of this agreement, and **DO NOT** stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their financial decision making power and may revoke this General Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the financial decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make financial decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this General Power of Attorney Form, it will revoke any previously valid General Power of Attorney Form.

**II. INCAPACITATION** - The powers granted to the Attorney-in-Fact by the Principal in this General Power of Attorney Form **DO NOT** stay in effect upon incapacitation by the Principal, incapacitation is describes as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

**III. REVOCATION** - The Principal has the right to revoke this General Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Authorizes a new General Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

**IV. WITNESS & NOTARY** - This document is not valid as a General Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal's signature. **It is recommended to have this General Power of Attorney Form notarized.**

**V. PRINCIPAL** - I, Edith Emma Clark, residing at  
*Name of Principal*

131 Coates Rd  
*Street Address of Principal*

City of Carson, State of Washington, appoint  
*City of Principal* *State of Principal*  
 the following as my Attorney-in-Fact, whom I trust with any and all my financial decision making power immediately upon the authorization of this form:

**VI. ATTORNEY-IN-FACT** - Patricia Dawn Peters, residing at  
*Name of Attorney-in-Fact*

131 Coates Rd  
*Street Address of Attorney-in-Fact*

City of Carson, State of Washington grant  
*City of Attorney-in-Fact* *State of Attorney-in-Fact*  
 the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of  
Washington.  
*State*

**VII. SUCCESSOR ATTORNEY-IN-FACT (Optional)** - If the Attorney-in-Fact named above cannot or is unwilling to serve, then I appoint Scott Thomas Peters  
*Name of Successor Attorney-in-Fact*  
 residing at

131 Coates Rd  
*Street Address of Successor Attorney-in-Fact*

City of Carson, State of Washington grant  
*City of Successor Attorney-in-Fact* *State of Successor Attorney-in-Fact*

the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

Washington.  
*State*

**VIII. TERMS & CONDITIONS** - Upon authorization by all parties, the Attorney-in-Fact accepts their designation to act in the Principal's best interests for all financial decisions legal under law.

**Notary Acknowledgement (Must be completed by Notary)**

State of WA County of Skamania Subscribed,  
 Sworn and acknowledged before me by Edith E Clark, the  
 Principal, and subscribed and sworn to before me by Witness,  
 witness, this 17th day of February, 2016.

Kelly Tug  
 Notary Signature



Notary Public  
 In and for the County of Skamania  
 State of Washington  
 My commission expires: 1/23/18

Seal

**Acknowledgement and Acceptance of Appointment as Attorney-in-Fact**

I, Patricia Dawn Peters have read the attached power of attorney  
Name of Attorney-in-Fact

and am the person identified as the attorney-in-fact for the principal. I hereby  
 acknowledge that accept my appointment as Attorney-in-Fact and that when I  
 act as agent I shall exercise the powers for the benefit of the principal; I shall  
 keep the assets of the principal separate from my assets; I shall exercise  
 reasonable caution and prudence; and I shall keep a full and accurate of all  
 actions, receipts and disbursements on behalf of the principal.

Patricia Dawn Peters 2-17-16  
Signature of Attorney-in-Fact Date

**Acceptance of Appointment as successor Attorney-in-Fact**

I, Scott Thomas Peters have read the attached power of  
Name of successor Attorney-in-Fact

attorney and am the person identified as the successor attorney-in-fact for the  
 principal. I hereby acknowledge that I accept my appointment as Successor  
 Attorney-in-Fact and that, in the absence of a specific provision to the contrary  
 in the power of attorney, when I act as agent I shall exercise the powers for  
 the benefit of the principal; I shall keep the assets of the principal separate  
 from my assets; I shall exercise reasonable caution and prudence; and I shall  
 keep a full and accurate record of all actions, receipts, and disbursements on  
 behalf of the principal.

Scott Thomas Peters 2-17-16  
Signature of Successor Attorney-in-Fact Date

**SUCCESSOR ATTORNEY-IN-FACT'S SIGNATURE (Optional) -**

I, Scott Thomas Peters have read the attached power of  
*Name of successor Attorney-in-Fact*  
attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

St Thomas 2-17-16  
*Signature of Successor Attorney-in-Fact* *Date*



**IX. THIRD PARTIES** - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

**X. COMPENSATION** - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal.

**XI. DISCLOSURE** - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

**XII. PRINCIPAL'S SIGNATURE** - I, Edith Emma Clark, the Principal,  
Printed Name of Principal

sign my name to this power of attorney this 17 day of

February  
Month

and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Edith E. Clark  
Signature of Principal

**XIII. ATTORNEY-IN-FACT'S SIGNATURE** - I, Patricia Dawn Peters  
Name of Attorney-in-Fact

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Patricia Dawn Peters  
Signature of Attorney-in-Fact

2-17-16  
Date



**Witness Attestation**

I, JEFF VAN CAMP, the first witness, and I JOHN SHIELDS  
Printed Name of First Witness Printed Name of Second Witness

the second witness, sign my name to the foregoing power of attorney being first duly sworn and do not declare to the undersigned authority that the principal signs and executed this instrument as him or her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

  
 Signature of First Witness

  
 Signature of Second Witness

Unofficial Copy

**Certification of Incapacity**

I certify that the principal lacks the mental capacity to make important decisions independently.

dated: \_\_\_\_\_

signature \_\_\_\_\_

printed name: \_\_\_\_\_

address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

telephone: \_\_\_\_\_