

WHEN RECORDED RETURN TO:

Paul J. Pearce

PO Box 307

Stevenson, WA 98648

DOCUMENT TITLE(S)

Durable Power of Attorney for Finances for Paul J. Pearce

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Paul J. Pearce

☐ Additional names on page _____ of document.

GRANTEE(S):

Kay Roeder

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Bloc Plat or Section, Township, Range, Quarter):

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

☐ Additional parcel numbers on page _____ of document.

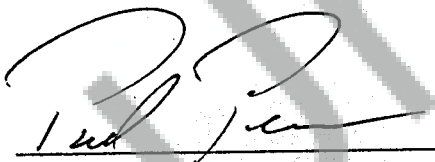
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

Durable Power of Attorney for Finances for

Paul J. Pearce

1. My Agent. I, Paul J. Pearce, a resident of the State of Washington, appoint Kay Roeder, as my Agent with full authority to manage my finances. I revoke any Power of Attorney for Finances I may have given in the past. See Exhibit A for my Agent's contact information.
2. Alternate. If for any reason my Agent becomes unable or unwilling to act I appoint, Douglas Slyter, as my Agent with full authority to manage my finances. See Exhibit A for my Alternate Agent's contact information
3. Durable Power of Attorney. This Power of Attorney shall not be affected by my disability and will remain in effect to the extent permitted by RCW 11.94 or until revoked.
4. Effective Date. This Power of Attorney shall become effective immediately.
5. Revoking My Power of Attorney. I may revoke this Power of Attorney by a written notice mailed or delivered to my Agent. See Exhibit C for Revocation Notice.
6. General Powers of My Agent. My Agent shall have full power and authority to do anything as fully and effectively as I could do personally if I were alive and competent. This power shall include, but not be limited to: 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.
7. Special Powers of My Agent. My Agent shall have the following special powers:
 - A. Disclaimer: My Agent shall have the authority to disclaim any interest in any property which I would otherwise inherit, as provided in RCW 11.86.
 - B. Trusts: My Agent shall have the authority to exercise my rights to distribute property in trust or cause a trustee to distribute property in trust to the extent consistent with the terms of the trust agreement, and to make transfers of property to any trust (whether or not created by the principal) unless the trust benefits the principal alone and does not have dispositive provisions which are different from those which would have governed the property had it not been transferred into the trust.

8. Gifts. My Agent shall have the authority to make gifts for the purpose of qualifying for public benefits or avoiding liens against my property.
9. Reimbursement of Costs. My Agent shall be entitled to reimbursement for all reasonable costs actually incurred and paid by my Agent on my behalf under the authority granted in this document.
10. Nomination of Guardian. I nominate my Agent as the guardian of my person or estate for consideration by the court if protective proceedings for my person or estate are hereafter commenced.
11. Accounting. My Agent shall keep accurate records of my financial affairs, including documentation of all transactions in which my Agent is involved. Upon request, my Agent shall present such records to me, a successor Agent, a guardian of my estate or person, or to the acting personal representative or executor named in my Will.
12. Ratification and Indemnity. I hereby ratify all that my Agent shall lawfully do or cause to be done by virtue of this document. I shall hold harmless and indemnify my Agent from all liability for acts done in good faith.
13. HIPAA Release. I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to My Agent, including, but not limited to, my medical billing statements.



Signature

9/14/17

Date

Notarization

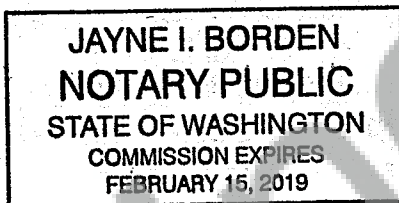
State of Washington

County of Skamania

I certify that I know or have satisfactory evidence that Paul Pearson is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on 09/14/2017

Jayne Borden
SIGNATURE OF NOTARY
Jayne Borden
PRINT NAME OF NOTARY



NOTARY PUBLIC for the State of Washington

My commission expires 02/15/2019

BP

EXHIBIT A

Contact Information for Agent and Alternates as of the Date of Signing

My Agent's Name	Kay Roeder		
Address	1010 Chenoweth Po Box 325 North Bonneville, WA 98671 98639		
Phone	509-427-5774	Email	Casey@Skamania.Org

My Agent's Name			
Address			
Phone		Email	

My Alternate Agent's Name	Douglas Slyter		
Address	2107 Franklin Camas, WA 98607		
Phone	360.608-2256	Email	Slydug@yahoo.com

My Alternate Agent's Name			
Address			
Phone		Email	