



WHEN RECORDED RETURN TO:

Columbia Gorge Title _____

41 Russell Ave _____

Stevenson WA 98648

DOCUMENT TITLE(S)

DURABLE POWER OF ATTORNEY FOR FINANCES

REFERENCE NUMBER(S) of Documents assigned or released:

[] Additional numbers on page _____ of document.

Principal/(Grantor)/ORIGINAL TRUSTEE:

TALLEN LANCE SEAMAN

[] Additional names on page _____ of document.

Agent/GRANTEE(S)/NEW TRUSTEE:

TIANA KAY SEAMAN

[] Additional names on page _____ of document.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

JUN 20 2019

PAID N/A
Arden M. Seaman
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION :

**A TRACT OF LAND IN THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 8, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
Lot 3 of the SAMUEL J SEAMAN Short Plat, recorded in Book 1 of Short Plats, Page 261, Skamania County Records.**

TAX PARCEL NUMBER(S):

03-08-08-3-0-0700-00

[] Additional parcel numbers on page _____ of document.

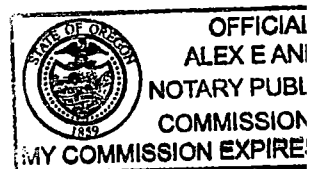
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.-

**Durable Power of Attorney for Finances
for**

TALLEN LANCE SEAMAN

[My Name]

1. **Agent.** I choose Tiana Kay Seaman as my Agent with full authority to manage my finances.
2. **Alternate.** If Tiana Kay Seaman is unable or unwilling to act, I choose Blanche Seaman as my Agent with full authority to manage my finances.
3. **My Rights.** I keep the right to make financial decisions for myself as long as I am capable.
4. **Durable.** My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective: (check one)
 - ☒ Immediately.
 - ☐ Only if my medical provider signs a letter saying I cannot make decisions for myself.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively



as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)

- ☒ create, amend, revoke, or terminate a living trust
- ☒ make gifts of my money or property
- ☒ create or change my rights of survivorship
- ☒ create or change my beneficiary designation(s)
- ☒ delegate some authority granted in this document to someone else
- ☒ waive my right to be the beneficiary of an annuity or retirement plan
- ☒ create, amend, revoke, or terminate my community property agreement
- ☒ tell a trustee to make distributions from a trust just as I could

9. **No Power to Agree to Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

10. **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.

11. **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.

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12. **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.

Tallen Seaman
My Signature

4-13-2019
Date

Notarization (optional, but recommended)

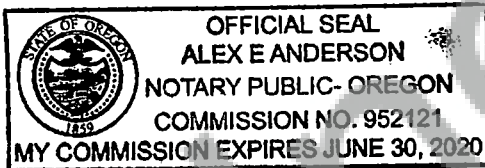
State of ~~Washington~~ Oregon
County of Multnomah

I certify that I know or have satisfactory evidence that Tallen Seaman, 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 April 13, 2019

[Signature]
SIGNATURE OF NOTARY

Alex E Anderson
PRINT NAME OF NOTARY



NOTARY PUBLIC for the State of ~~Washington~~ Oregon

My commission expires 6/30/20

Witness 1

[Signature]
Signature

Tyler McWilliams
Name

14365 SW Teal Blvd Apt A
Address Beaverton, OR 97008

Witness 2

[Signature]
Signature

Jordan P. Ladner
Name

14365 SW Teal Blvd Apt A
Address Beaverton, OR 97008