

Skamania County, WA
Total: \$107.50
POA
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2019-001402

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Request of: COLUMBIA GORGE TITLE



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WHEN RECORDED RETURN TO:

Scott & Guri Stevenson
1032 Stanley Drive
Newport, WA 99156

DOCUMENT TITLE(S):
Durable Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Scott M Stevenson

GRANTEE:
Guri G Stevenson

LEGAL DESCRIPTION:

Lot 4 of the PLAT OF WILLARD, within part of Government Lot 1 of Section 2, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, recorded in Book B of Plats, Page 62.

TAX PARCEL NUMBER(S):
03-09-02-1-1-0400-00

Skamania County Assessor

Date 8-8-19 Parcel# 03090211040000

SM

DURABLE POWER OF ATTORNEY

(Effective immediately)

Durable powers of attorney are used to minimize the need for the appointment of guardians. They are considered "Durable" because the powers granted by the instrument are not terminated upon the subsequent incompetency of the person granting the powers ("Principal").

Usually these documents provide for both the management of the Principal's property and financial affairs *and for* the purpose of designating those individuals who have the power to make health care decisions when the Principal is unable to do so. They are drafted to either –

- 1) Be effective *immediately upon their execution* and continue to be effective notwithstanding a subsequent incompetency; **or**
- 2) Become effective *upon a subsequent incompetency*.

The first alternative should be considered where you have an established, viable, trust-based relationship between two individuals such as family members or close friends. It assumes that prior to incompetency the attorney-in-fact will not exercise the powers except as needed or requested. It avoids the necessity of establishing to the satisfaction of third parties that subsequent events have occurred that activate the powers created by the document.

THIS DOCUMENT IS EFFECTIVE IMMEDIATELY BOTH AS TO THE POWER TO MANAGE THE PRINCIPAL'S PROPERTY AND TO MAKE HEALTH CARE DECISIONS ON HIS OR HER BEHALF.

THIS DOCUMENT ALSO –

- 1) **REVOKES all prior powers of attorney which may or may not be desirable depending upon the circumstances that existed when these prior powers of attorney were adopted.**
- 2) **DOES contain powers such as the power to make gifts that may be helpful in larger estates.**
- 3) **CANNOT BE REVOKED without commencing court proceedings if the Principal *subsequently becomes incompetent*.**

PLEASE CALL IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THIS DOCUMENT.

Law Office of Tamara W. Murock, PLLC
P.O. Box 142053
Spokane Valley, WA 99214
Phone – (509) 413-1040

DURABLE GENERAL POWER OF ATTORNEY - EFFECTIVE IMMEDIATELY

I, SCOTT M. STEVENSON ("Principal"), declare that I am a resident of and domiciled in Pend Oreille County, State of Washington, and that pursuant to Chapter 11.94 of the Revised Code of Washington ("RCW"), I do hereby designate GURI G. STEVENSON as my Attorney-in-Fact with the powers hereinafter provided. I further declare that by executing this document I do hereby revoke all powers of attorney previously executed by me.

1) POWERS EFFECTIVE IMMEDIATELY <> NOT AFFECTED BY DISABILITY

This Power of Attorney and all powers conferred upon my Attorney-in-Fact herein shall be effective immediately and shall not be affected by my subsequent disability, incompetency or incapacity.

2) POWERS OF ATTORNEY-IN-FACT

My Attorney-in-Fact shall, acting as a fiduciary on my behalf and for my benefit, have all of the powers of ownership and management of my property and all the requisite powers to direct and manage my personal and financial affairs that I would have if alive, competent, personally present and acting on my own behalf. These powers may be exercised within or without the State of Washington and, by way of illustration and not limitation, shall include the authority to sell, transfer, assign, borrow money, mortgage, pledge, encumber, commit or otherwise dispose of any and all of my assets, including bank accounts, stocks, bonds, savings certificates, certificates of deposit, Treasury Bills and my personal and real property.

The foregoing powers shall specifically include the following:

- .01 Gifts or other transfers of my property to or on behalf of my spouse, children and/or their lineal descendants (including the attorney-in-fact), or to or for the benefit of any devisee or beneficiary named in my Will or Living Trust, for the purpose of qualifying me for governmental medical assistance, Medicaid benefits or similar program or benefits, or to continue or maintain such benefits or avoid or prevent estate or lien recovery in respect of such services, to the full extent provided by law. This power shall apply in the event I require, or am reasonably expected to require, the type of services and benefits available under such programs.
- .02 Gifts or other transfers of property to or on behalf of organizations, charitable or otherwise, to which I have previously made gifts, and may satisfy pledges I have previously made to such organizations in order to assure the continuation of any gifting program initiated by me prior to my disability.
- .03 Gifts or other transfers of property to or on behalf of my spouse, children and/or their lineal descendants (including the attorney-in-fact), or to or for the benefit of any devisee or beneficiary named in my Will or Living Trust, for purposes my attorney-in-fact considers to be in my best interest or those interested in my estate, including without limitation, the minimization of income, estate, inheritance, or gift taxes.

In making gifts or other transfers on my behalf, I direct that my attorney-in-fact, to the extent reasonably possible, avoid disrupting the dispositive provisions of my Will or Revocable Living Trust. If it is necessary to disrupt such plan, then my attorney-in-fact is directed to use his or her best efforts to restore such plan as and when the opportunity to do so is available to my attorney-in-fact. I would prefer but do not limit or direct that the attorney-in-fact should make any gifts to the named individuals, devisees and/or beneficiaries included in my then current Will or Living Trust, and in the ratio that they would receive a benefit from the Will and/or Trust after my death. Such determinations are to be in the sole discretion of my attorney-in-fact, and any gifts so made may be either outright or through other funding vehicles, including without limitation, irrevocable trusts, charitable lead or charitable remainder trusts, family limited partnerships and limited liability companies.

3) POWERS TO MAKE PHYSICAL AND MENTAL HEALTH CARE DECISIONS

In the event of my inability to do so, I do hereby grant my Attorney-in-Fact the power to make all health care decisions on my behalf pursuant to RCW 7.70.065(1)(b) (after taking into consideration any current or subsequently executed written directions given by me with regard to the withdrawal of life sustaining procedures in accordance with RCW Chapter 70.122), and the additional power to make all mental health care decisions on my behalf if

separately authorized to do so pursuant to a document currently or hereafter executed by me in accordance with RCW Chapter 71.32, or as may otherwise be provided by law. I do hereby direct that, notwithstanding any restrictions or limitations of federal or state law, my Attorney-in-Fact shall have the authority to receive and relay any and all medical information pertaining to my physical and mental health that may be reasonable, necessary and/or desirable to enable him or her to exercise the powers provided in this paragraph and that no health care provider shall incur any liability to me or my estate by providing such information.

4) **RESERVED RIGHTS OF REVOCATION**

I reserve the right to revoke this Power of Attorney by executing any document which refers either specifically to this Power of Attorney or generally to all prior powers of attorney previously executed by me and declares that it, or they, is/are revoked. This Power of Attorney may also be revoked as follows:

- .01 By a duly appointed guardian of my estate pursuant to a Court Order issued after prior notice to the Attorney-in-Fact; appointment of guardian of my person, only, shall not empower such guardian to revoke, suspend, or otherwise terminate this Power of Attorney; or
- .02 By death; provided, that any uncertainty as to whether or not I am, in fact, dead or alive, shall not affect the powers of my Attorney-in-Fact.

In the event of the revocation of this Power of Attorney, my Attorney-in-Fact may be required to account to me or any duly appointed guardian or the Personal Representative of my estate.

5) **RELIANCE BY THIRD PARTIES AND RATIFICATION**

All persons dealing with my Attorney-in-Fact shall be entitled to conclusively rely upon the powers set forth in this document and the applicable laws of the State of Washington so long as such party does not have actual knowledge of any revocation of this Power of Attorney, and any action taken by such third parties in reliance upon this Power of Attorney, and without such actual knowledge, shall be binding upon my heirs, devisees, legatees and Personal Representatives, unless such actions are otherwise invalid or unenforceable.

My Attorney-in-Fact shall incur no personal liability for acts undertaken for my benefit pursuant to the powers herein provided. I do hereby individually and on behalf of my heirs, devisees, legatees and Personal Representatives, ratify and agree to indemnify, hold harmless and defend my Attorney-in-Fact from any and all claims, causes of action, and liabilities of any nature whatsoever, which are directly or indirectly related to his or her acts undertaken as a fiduciary on my behalf in good faith and with the belief that they were in my best interest.

6) **ALTERNATE ATTORNEYS-IN-FACT - NOMINATION OF GUARDIAN**

In the event my Attorney-in-Fact previously named herein shall, for any reason, be either unavailable to act on my behalf or unable to do so because of a physical or mental disability, I do hereby designate AMANDA J. STEVENSON and AUDREY C. STEVENSON as Alternate Co-Attorneys-in-Fact who shall have all of the powers and be subject to all of the provisions previously provided in this Durable Power of Attorney. Should it be necessary to commence proceedings for the appointment of a guardian for my person and/or estate, I do hereby nominate the individuals named as the original or alternate attorneys-in-fact herein, in the order of priority named, as such guardian.

7) **APPLICABLE LAW**

This Power of Attorney shall be construed, enforced and interpreted in accordance with the statutes of the State of Washington pertaining to "Durable" Powers of Attorney as currently in effect or hereafter adopted.

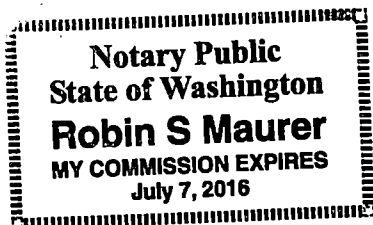
DATED 2 / 7 /, 2014
ms


SCOTT M. STEVENSON, PRINCIPAL

STATE OF WASHINGTON)
 : ss.
County of Pend Oreille)

On this day personally appeared before me SCOTT M. STEVENSON, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 7 day of February, 2014



Robin S. Maurer
Notary Public in and for the State of
Washington, residing at Newport.
My appointment expires 7/7/2016

Unofficial Copy