

Skamania County, WA
Total: \$109.50
POA
Pgs=7

2019-001730

09/16/2019 02:33 PM

Request of: COLUMBIA GORGE TITLE



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RETURN ADDRESS

Lori Christal
6905 NE Sacramento Street
Portland, OR 97213

Document Title(s):
Power of Attorney

Order Number: V _____

Reference Number(s) of related documents:

Grantor(s): (Last name, First name and Middle Initial)
Roger M. Christal

Grantee(s): (Last name, First name and Middle Initial)
Lori Christal

Trustee:
N/A

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)
A tract of land in the Northwest Quarter of the Southwest Quarter of
Section 26, Township 2 North, Range 5 East of the Willamette Meridian, in
the County of Skamania, State of Washington described as follows:

BEGINNING at a point on the section line between Sections 26 and 27,
Township 2 North, Range 5 East of the Willamette Meridian, which point is
992.6 feet South of the Quarter Section corner common to Sections 26 and
27; running thence South 67 degrees 53 minutes East, 307.5 feet to a point
on the meander line of the Washougal River, which point is the true place
of beginning; running thence North 67 degrees 53 minutes West, 307.5 feet
to a point on the section line between Sections 26 and 27; running thence
South 242.7 feet along said section line to a point on the meander line of
the Washougal River; thence Easterly and Northerly along the meander line
of the Washougal River to the true place of beginning.

Assessor's Property Tax Parcel/Account Number:
02-05-26-0-0-1500-00

AFTER RECORDING RETURN TO?
LORI J. CHRISTAL
6905 NE SACRAMENTO ST.
PORTLAND OR 97213

DURABLE POWER OF ATTORNEY

I, ROGER M. CHRISTAL, of Portland, Oregon, do declare this to be my Durable Power of Attorney and do revoke all Powers of Attorney heretofore made by me. I appoint LORI JEAN CHRISTAL my Agent and attorney-in-fact ("my Agent"). My Agent shall have power and authority to:

1. Support. Make expenditures for my health, education, support, maintenance, and general welfare.

1(a) Health Information. While my Agent is acting under this Power of Attorney, have the right to receive, review, and consent to the disclosure of my medical records. I expressly waive any physician-patient privilege or other privilege which otherwise would protect me against the disclosure of confidential information. In addition, despite my privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), I specifically authorize any health care professional or facility to disclose all health information about me to my Agent. I designate my Agent as my personal representative for purposes of HIPAA.

1(b) Assistance in My Home. In the event that I require long-term care, make expenditures for care and services which I may need in order to remain in my own home. This power includes the authority to pay for the services of my Agent, family members, and friends who provide in-home care or services for me or who arrange for or manage care and services for me.

1(c) Long-Term Care Outside My Home. Make expenditures to contract and pay for long-term care outside my home if my Agent determines that I cannot receive the services I need in my home.

1(d) Transfers to My Spouse. In the event that I require long-term care, transfer my interest in individual and jointly-held property to or for the sole benefit of my spouse in order to protect my spouse from impoverishment. This power includes the authority to transfer my interest in our residence.

1(e) Support for My Spouse. In the event that I require long-term care, enter into any agreement or stipulated support order to provide my spouse with sufficient income and resources to live in the community in the manner to which my spouse is accustomed.

1(f) Disability and Long-Term Care Insurance. At my Agent's sole discretion, purchase, pay the premiums for, and collect the proceeds of disability or long-term care insurance and apply those proceeds for my benefit. This power shall not be construed to impose any obligation on either me or my Agent to maintain disability or long-term care insurance for my benefit.

2. Manage and Dispose of Assets. Take possession of, retain, change the form of, manage, maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of any of my real or personal property or any interest in property, in any manner and on

any terms my Agent considers to be in my best interests.

3. Checks and Notes. Receive, endorse, sign, sell, discount, deliver, and deposit checks, drafts, notes, and negotiable or nonnegotiable instruments, including any drawn on the Treasury of the United States or the state of Oregon or any other state or governmental entity.

4. Financial Institutions. Enter into any transaction with and contract for any services rendered by a financial institution, including continuing, modifying, or terminating existing accounts; opening new accounts; drawing, endorsing, or depositing checks, drafts, and other negotiable instruments; acquiring and transferring certificates of deposit; withdrawing funds deposited in my name alone or in my name and the name of any other person or persons; and providing or receiving financial statements. "Financial institutions" means banks, trust companies, savings banks, commercial banks, savings and loan associations, credit unions, loan companies, thrift institutions, mutual fund companies, investment advisors, brokerage firms, and other similar institutions.

5. Investments and Securities Transactions. Invest and reinvest in common or preferred stocks, bonds, mutual funds, common trust funds, money market accounts, secured and unsecured obligations, mortgages, and other real or personal property; engage in investment transactions with any financial institution; and hold my securities in the name of my Agent's nominee or in unregistered form.

6. Insurance and Annuity Contracts. Purchase, maintain, modify, renew, convert, exchange, borrow against, surrender, cancel, and collect or select payment options under any insurance or annuity contract. This power shall extend to any insurance I own on the life of my Agent. Any receipt, release, or other instrument executed by my Agent in connection with any insurance or annuity contract shall be binding and conclusive upon all persons.

7. Business Interests. Continue, participate in, sell, reorganize, or liquidate any business or other enterprise owned by me, either alone or with any other person or persons.

8. Voting. Appear and vote for me in person or by proxy at any corporate or other meeting.

9. U.S. Treasury Bonds. Purchase U.S. Treasury bonds redeemable at par in payment of federal estate tax, and borrow funds and pledge the bonds as collateral to make the purchase.

10. Retirement Plans. Establish, modify, contribute to, select payment options under, make elections under, receive payments from, make rollovers to, and take any other steps I might take with respect to IRA accounts and other retirement plans.

11. Credit Cards. Cancel or continue my credit cards and charge accounts, use my credit cards to make purchases, and sign charge slips on my behalf.

12. Collections. Demand and collect any money or property owed to me and give a receipt or discharge for the money or property collected.

13. Debts. Pay my debts and other obligations.

14. Litigation. Sue upon, defend, compromise, or submit to arbitration any controversies in which I may be interested; and act in my name in connection with any complaint, proceeding, or suit.

15. Borrowing. Borrow in any manner and on any terms my Agent considers to be in my best interests (including borrowing from my Agent's own funds), and give security for repayment.

16. Lending. Lend funds to any person (including my Agent), provided that the loan is adequately secured and bears a reasonable rate of interest.

17. Taxes and Assessments. Do the following with respect to any year through and including the year of my death: pay any tax or assessment; appear for and represent me, in person or by attorney, in all tax matters; execute any Power of Attorney forms required by the Internal Revenue Service, the Oregon Department of Revenue, or any other taxing authority; receive confidential information from any taxing authority; prepare, sign, and file federal, state, and local tax returns and reports for all tax matters, including income, gift, estate, inheritance, generation-skipping, sales, business, FICA, payroll, and property tax matters; execute waivers, including waivers of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of a claim for credit or refund; execute consents, closing agreements, and other documents related to my tax liability; make any elections available under federal or state tax law; and delegate authority or substitute another representative with respect to all matters described in this paragraph.

18. Government Benefits. Perform any act necessary or desirable (including acting as representative payee) in order for me or my spouse to qualify for and receive all types of government benefits, including Medicare, Medicaid, Social Security, veterans', and workers' compensation benefits. The power granted under this paragraph shall include the power to dispose of any property or interest in property by any means (including making gifts or establishing and funding trusts) and the power to name or change beneficiaries under insurance policies, pay-on-death arrangements, retirement plans and accounts, and any other assets, provided that any disposition or designation shall be consistent with my existing estate plan to the extent reasonably possible.

19. Disclaimer. Disclaim any property, interest in property, or power to which I may be entitled, including where an interest passes to my Agent as a result of the disclaimer; and take all steps required to make the disclaimer effective under state and federal laws, including Section 2518 of the Internal Revenue Code or any successor statute. In deciding whether to disclaim, my Agent shall consider the effect of disclaimer on taxes that may be payable, on qualification for government benefits, and on my existing estate plan.

20. Elective Share Rights. Exercise any right to claim an elective share in any estate or under any will.

21. Fiduciary Positions. Resign from or renounce on my behalf fiduciary positions, including personal representative, trustee, conservator, guardian, attorney-in-fact, and officer or director of a corporation; and discharge me from further responsibility by filing accountings with a court or settling by formal or informal methods.

22. Safe Deposit Box. Have access to and make deposits to or withdrawals from any safe deposit box rented in my name alone or in my name and the name of any other person or persons.

23. Mail. Redirect my mail.

24. Custody of Documents. Take custody of important documents, including any will, trust agreements, deeds, life insurance policies, and contracts.

25. Employees and Advisors. Employ, compensate, and discharge attorneys, accountants, investment advisors, property managers, custodians, physicians, dentists, nurses, household help, and others to render services to me or for my benefit.

26. Waiver of Privileges. Waive any attorney-client or other professional privilege which would otherwise protect me against the disclosure of confidential information, in order to obtain information from the professional.

27. Nomination of Guardian. If such an appointment ever becomes necessary, then I nominate LORI JEAN CHRISTAL to act as Guardian of my person.

28. Nomination of Conservator. If such an appointment ever becomes necessary, then I nominate LORI JEAN CHRISTAL to act as Conservator of my estate.

29. Accounting. My Agent shall be required to account within a reasonable period after receiving a request from me, any successor agent, my guardian, or my personal representative. During any period that a conservator is appointed for me, my Agent shall account to the conservator rather than to me.

30. Gifts to Beneficiaries. To gift to any of my beneficiaries named in my Last Will and Testament, including my said attorney, in such amounts and proportions consistent with my estate plan, as my said attorney may deem proper, any real or personal property, whether tangible or intangible, of which I am now or hereafter may be possessed or in which I have any right, title or interest. My said attorney may utilize both the federal annual gift tax exclusions and the federal unified credit against gift tax. Said gifts may be made for any purposes my said attorney considers to be in my best interest or the best interest of my estate plan, including without limitation the minimization of income, estate, inheritance or gift taxes, or to effect the best result possible for my

entitlement to public services or benefit. My Agent shall have the power to make withdrawals from any revocable living trust I may have established for the purpose of making gifts authorized under this paragraph.

31. Trusts. Establish a revocable or irrevocable trust, amend or terminate an existing trust, and transfer any of my real or personal property to a trust, provided that the trust is consistent with my existing estate plan to the extent reasonably possible.

32. Beneficiary Designations. Designate or change beneficiaries under insurance policies, pay-on-death arrangements, retirement plans and accounts, and any other assets, provided that any beneficiary designation shall be consistent with my existing estate plan to the extent reasonably possible. This power includes the power to designate my Agent as a beneficiary if said designation is consistent with my estate plan.

33. Substitution and Delegation. Appoint and substitute for my Agent any nominee or agent to exercise the powers granted in this instrument and revoke the appointment or substitution at any time.

34. Intellectual Property, License Rights, Electronic Information and Social Media Accounts. To take possession of, access, administer, operate, maintain, modify, preserve, copy, delete, destroy, close or otherwise control any and all of my intellectual property, license right, domain names, user names, email addresses, or other data, information or content which I may own and possess directly or by my use of user accounts, electronic access, postings or otherwise through the terms of use of a third party provider, social media or other such internet website or electronic medium.

35. Perform Other Acts to Carry Out the Powers Granted. Execute and deliver any written instrument and perform any other act necessary or desirable to carry out any of the powers granted under this Power of Attorney, as fully as I might do personally. I ratify and confirm all acts performed pursuant to this Power of Attorney.

36. Third Party Reliance. Third parties who rely in good faith on the authority of my Agent under this Power of Attorney shall not be liable to me, to my estate, or to my heirs, successors, or assigns. Third parties without actual notice of revocation may conclusively rely on the continued validity of this Power of Attorney. If requested, my Agent shall furnish, and a third party may conclusively rely on, an affidavit or certificate stating that (1) I was competent at the time this Power of Attorney was executed, (2) the Power of Attorney has not been revoked, (3) my Agent continues to serve as attorney-in-fact under the Power of Attorney, and (4) my Agent is acting within the scope of authority granted under the Power of Attorney. My Agent may sue or pursue other action against any third party who refuses to honor this Power of Attorney after such an affidavit or certificate has been provided.

37. Durability. The powers granted to my Agent under this Power of Attorney shall continue to be exercisable even though I have become disabled or incompetent.

38. Governing Law. The validity and construction of this Power of Attorney shall be determined under Oregon law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18th day of February, 2015.

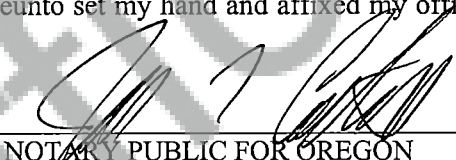


ROGER M. CHRISTAL

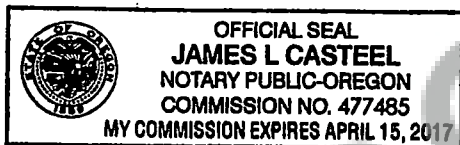
STATE OF OREGON)
) ss.
County of Multnomah)

BE IT REMEMBERED, that on February 18, 2015, before me, a notary public in and for said county and state, personally appeared ROGER M. CHRISTAL, known to me to be the identical person described in and who executed the foregoing Power of Attorney and acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this, the day and year last hereinabove written.



NOTARY PUBLIC FOR OREGON
My Commission Expires April 15, 2017



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