



Filed for record at the request of:

Elizabeth K Estey
381 Highland Orchard Rd
Underwood WA
98651

DURABLE POWER OF ATTORNEY

I, Celia Gomez Kel, a resident of the State of Washington, revoke any powers of attorney I may have given in the past and give Elizabeth Estey (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 as a gift. ✓ (Initial here if revocation of a community property agreement and gifts to a spouse 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: Elizabeth Esty, Cesar Kelso, Jaime Kelso
Gifts under this paragraph may be:

X 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.)

2. EFFECTIVE DATE AND REVOCATION

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

PK 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. 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.

D. 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 of 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 Elizabeth Estey 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: 6/16/2011

Celia Gomez Kelso

On 6/16/11, a person I know to be Celia Gomez Kelso appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated: 6/16/11
Celia Gomez Kelso

Notary Public, State of Washington,

residing at: 176 E SUNSET 98172

Commission expires: 8/8/14



Certification of Incapacity

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

dated: _____

signature _____

printed name: _____

address: _____

telephone: _____



212 Skyline Drive
P.O. Box 1519
White Salmon, WA 98672
(509) 493-2133

10/31/2014

To Whom It May Concern:

CELIA KELSO is currently under my medical care and it is my professional opinion that she can no longer live alone due to fall risk. She has fallen several times recently and has injured herself significantly. I think it would be best if she permanently moved in with her daughter. Thanks for your consideration in this matter.

If you require additional information please contact our office.

Sincerely,

A handwritten signature in black ink. The signature appears to read "Jennifer L. Olson PA-C". Below the signature, the name "Jennifer L. Olson PA-C" is printed in a smaller, sans-serif font.



NorthShore
MEDICAL GROUP

10/23/2019

Celia Gomez Kelso
381 HIGHLAND ORCHARD RD
UNDERWOOD, WA 98651

Dear Celia:

I recommend that you do not travel due to medical conditions.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Liette Witherrite, MD". The signature is fluid and cursive, with "MD" written in a smaller, more formal font to the right of the main name.

Liette Witherrite, MD

NORTHSORE MEDICAL GROUP WHITE SALMON