



**WHEN RECORDED RETURN TO:**

TAVINE BLAIR

46592 STATE HWY 14

STEVENSON, WA 98648

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

DURABLE POWER OF ATTORNEY

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

1. KARLA J TALENT

3. \_\_\_\_\_

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

1. TAVINE NT BLAIR

3. \_\_\_\_\_

☐ Additional names on page \_\_\_\_ of document.

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

NA

☐ Complete legal on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

NA

☐ 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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

## DURABLE POWER OF ATTORNEY

The undersigned, KARLA J. TALENT, domiciled and residing in the State of Washington, as authorized by the laws of the State of Washington, herewith names, constitutes and appoints TAVINE BLAIR, as attorney-in-fact for the undersigned.

### 1. POWERS.

a. General. The attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the Principal, whether located within or without of the State of Washington; provided, however, the attorney-in-fact shall not have the power to revoke or change any testamentary documents previously executed by the Principal.

b. Gifts. My attorney-in-fact is authorized to make gifts to my spouse, if any, and to my family members. In making any such gifts, my attorney-in-fact shall use reasonable efforts to make the gift consistent with any estate plan that I currently have in place. Further, my attorney-in-fact may consider a pattern of gifting established by me, my ability to continue making such gift or gifts, my continued health and well being, the impact of inflation upon the value of such gifts, reduction of death taxes at the time of my death, and other estate planning considerations.

c. Securities. As assurance to transfer agents, and not by way of limitation, this power includes the power to purchase or sell any stocks, bonds or other securities or any interest therein and in that regard to endorse any stock certificates, stock powers, affidavits of domicile or other documents necessary to effect the transfer of such property or interest, to take possession of any stock certificate, bond or other security or register same in the name of any stock broker or stock brokerage account.

d. Health Care Decisions. The attorney-in-fact shall have all powers to make medical and health care decisions on behalf of the Principal, including the power to withhold or withdraw treatment, grant informed consent or refuse treatment pursuant to RCW 7.70.065, and to exercise any and all other powers necessary or appropriate to provide for health care and treatment of the Principal. Without limiting the generality of the foregoing, the attorney-in-fact shall have the power to (1) consent to giving, withholding or stopping any treatment, service or procedure to diagnose, maintain or treat my physical or mental condition, (2) employ and discharge physicians, psychiatrists, dentists, nurses, therapists, and other medical professionals, (3) to enter into any agreement for my care, and to arrange for my hospitalization, convalescent care, or home care, (4) to have access to all of my medical and health care records and to the consent to the disclosure of such records, (5) if I have executed a health care directive, to refuse treatment and to approve and direct the withholding of life-sustaining procedures, including, but not limited to, mechanical or other artificial means including cardiopulmonary resuscitation, defibrillation, the use of a respirator, intubation, and the insertion of a naso-gastric tube, and intravenous nutrition and hydration, and (6) sign, execute, deliver, and acknowledge such documents in writing of whatsoever kind and nature as may be necessary or proper in accordance with the powers granted herein, including, but not limited to, granting any waiver or release of liability required by any hospital, physician or other health care provider.

e. Real or Personal Property: The attorney-in-fact shall have all powers to sell, convey, exchange or otherwise transfer or encumber any real or personal property of the Principal.

f. Beneficiary Designations: My attorney-in-fact is authorized to make, alter, amend or revoke the beneficiary designation and make any other election with respect to my life insurance policies, employee benefit plans, individual retirement accounts, bank deposits, and other similar assets.

g. Governmental Assistance Programs: My attorney-in-fact is authorized to make transfers of property to my spouse, if any, family members, beneficiaries of my estate plan, or third persons to qualify me for the benefits offered by government programs, provided, however, that such transfers take advantage of planning options available under program rules or that reasonable consideration be made to keep such transfers consistent with my estate plan. My attorney-in-fact is further authorized to make transfers of property to any trust, whether or not

created by the Principal, in the event the trust benefits the Principal, spouse of the Principal, children of the Principal, or beneficiary of the Principal's estate plan, and to execute assignments or transfers of assets pursuant to RCW 74.09.585. This authorization shall include the power to make transfers for the purpose of facilitating an application or avoiding an estate recovery program of any government assistance program. It shall specifically include authority to waive statutory rights, including, but not limited to, a waiver of homestead, rights in lieu of homestead, award in addition to the homestead and for a family allowance, rights to property under RCW 11.04.015, and rights to quasi-community property under RCW 26.16.220 to 26.16.250.

h. Community Property Agreements: My attorney-in-fact shall have the power to alter, amend, or revoke any community property agreements heretofore executed by me.

i. Disclaimers: My attorney-in-fact shall have the power to execute any disclaimers pursuant to Chapter 11.86, Revised Code of Washington, and applicable federal law.

2. **PURPOSES**: That my attorney-in-fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the undersigned.

3. **DURATION**: This Durable Power of Attorney becomes effective upon execution and shall remain in effect to the extent permitted by Chapter 11.94, RCW or until revoked or terminated under Paragraph 4 and 5, notwithstanding any uncertainty as to whether the undersigned is dead or alive. This Power of Attorney shall not be affected by disability of the principal.

4. **REVOCATION**: This Power of Attorney may be revoked, suspended or terminated in writing by the undersigned with written notice to the designated attorney-in-fact and by recording the written instrument of revocation in the office of the Auditor of Clark County, Washington.

5. **TERMINATION**:

a. By Appointment of Guardian: The appointment of a guardian of the estate of the undersigned vests in the guardian with court approval, the power to revoke, suspend or terminate this Power of Attorney. The appointment of a guardian of the person does not empower the guardian to revoke, suspend or terminate this Power of Attorney.


b. By Death of Undersigned: The death of the undersigned shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the attorney-in-fact.

6. **ACCOUNTING**: The attorney-in-fact shall be required to account to the undersigned and to any subsequently appointed personal representative.

7. **RELIANCE**: The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney-in-fact nor any person with whom he was dealing at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the Power of Attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the undersigned.

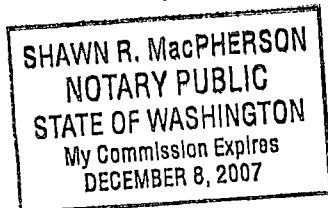
8. **INDEMNITY**: The estate of the undersigned shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith and not in fraud of the undersigned.

10. **EXECUTION:** This Power of Attorney is signed in triplicate this 12<sup>th</sup> day of June, 2007.

  
Karla J. Talent

On this day personally appeared before me KARLA J. TALENT, to me known to be the individual described in and who executed the within and foregoing Durable Power of Attorney, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 12<sup>th</sup> day of June, 2007.



Shirley May  
Notary Public in and for the State of Washington,  
Residing at: Camas  
My appointment expires: 12-8-07.