



**AFTER RECORDING RETURN TO:**

PETTIS WEBBER PACIFIC P.S.  
Attorneys at Law  
1500 D Street  
Vancouver WA 98663  
360 696-2069

**DOCUMENT TITLE:        DURABLE POWER OF ATTORNEY OF  
                                     JOHN K. MORTENSEN**

**REFERENCE NUMBER(S):        N/A**

**GRANTOR(S):        JOHN K. MORTENSEN**

**GRANTEE(S):        NORMA J. MORTENSEN (Agent)  
                                     DONALD J. MORTENSEN (Alt Agent)**

**LEGAL DESCRIPTION [abbreviated form]:        N/A**

**ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER:        N/A**

**NUMBER OF PAGES:        5**

## DURABLE POWER OF ATTORNEY

The undersigned, JOHN K. MORTENSEN, domiciled and residing in the State of Washington, as authorized by the laws of the State of Washington, herewith names, constitutes and appoints NORMA J. MORTENSEN as attorney-in-fact for the undersigned, and in the event NORMA J. MORTENSEN is for any reason unable or unwilling to act as such, then in that event, the undersigned herewith names, constitutes and appoints DONALD J. MORTENSEN 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. Financial Institutions. My attorney in fact is authorized to make deposits to, withdrawals from, and to draw checks on any account presently in my name at a bank, savings bank, savings and loan association, or credit union, and to establish new financial accounts in my name with any financial institution, and to deposit money into, withdraw money from, and draw checks on such accounts. I further authorize my attorney in fact to receive, endorse, negotiate, and collect any currency or commercial paper, including but not limited to any notes, checks, or drafts payable to me.

e. 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) enter into any agreement for my care, and to arrange for my hospitalization, convalescent care, or home care, (4) 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, (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, and (7) serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 (PUB.L.104-191), 45 CFR Sections 160-164. I acknowledge that I may revoke this authorization at any time and for any reason by written instrument signed by me. This designation of my attorney-in-fact as my personal representative for purposes of HIPAA has no expiration date and shall be effective unless or until it is revoked, or unless or until the attorney-in-fact named herein is unable or unwilling to act as such.

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

My attorney-in-fact shall have the further right to institute suit for unlawful detainer, foreclosure of a mortgage or deed of trust, to forfeit any real estate contract, to quiet title, to rent real estate for my use or rent any real estate belonging to me to others, and to otherwise do all things necessary and appropriate to the management of my personal and real property. My attorney-in-fact shall further have the authority to execute any and all documents on my behalf relating to the purchase, sale, or encumbering of real estate, including but not limited to escrow, collection, and closing instructions, closing statements, and loan applications.

g. 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.

h. 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.

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

j. 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.

k. Tax Matters: My attorney-in-fact shall have the authority to represent the principal in all tax matters including but not limited to those before the Internal Revenue Service and the tax authority of any State. This authority shall include the authority to submit Internal Revenue Service Form 2848 with a statement attached to it indicating the validity of this Power of Attorney. The attorney-in-fact shall have authority to pay any tax or assessment; to appear for and represent me, in person or by attorney, in all tax matters; to execute any Power of Attorney forms required by the Internal Revenue Service, or any other taxing authority; to receive confidential information from any taxing authority; to 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; to 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; to execute consents, closing agreements and other documents related to the principal's tax liability; to make any elections available under federal and state law; and to delegate authority or substitute another representative with respect to all matters described in this paragraph.

1. Trusts: To create a trust on behalf of the Principal, amend any trust the Principal is entitled to amend by its terms, to transfer property owned by the Principal to any trust, whether or not created by the Principal, and to make such withdrawals from the trust as the Principal is entitled to make by the terms of the trust. The Principal intends to grant the above stated powers notwithstanding any provision of Title 11 of the Revised Code of Washington, including but not limited to RCW 11.95.100 and 11.95.110, that would otherwise restrict the power of an attorney in fact and so act in favor of such attorney in fact.

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**: Any Powers of Attorney the Principal may have previously executed are hereby revoked in their entirety. 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.

9. **APPLICABLE LAW**: The laws of the State of Washington shall govern this Power of Attorney.

10. **REIMBURSEMENT**: The attorney in fact shall be entitled to reimbursement for all reasonable costs and expenses incurred on the Principal's behalf in exercising the powers granted herein.

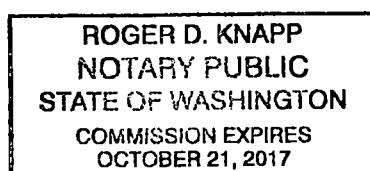
11. **EXECUTION**: This Power of Attorney is signed in triplicate this 21<sup>st</sup> day of September, 2016.

John K. Mortensen  
JOHN K. MORTENSEN

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF CLARK )

On this day personally appeared before me JOHN K. MORTENSEN, to me known to be the individual described in and who executed the within and foregoing Durable Power of Attorney, 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 21<sup>st</sup> day of September, 2016.



[Signature]  
Notary Public in and for the State of Washington,  
Residing at Camas  
My appointment expires: 10-21-17

Optional: May be required by physician

**AUTHORIZATION FOR RELEASE OF MEDICAL OPINION**

I, \_\_\_\_\_, patient/attorney in fact, hereby authorize you to release the following information for \_\_\_\_\_ to the Law Offices of PETTIS WEBBER PACIFIC P.S., Attorneys at Law. Further, you may discuss the following information or any concerns you might have with my attorney or her staff. This release shall be considered a patient authorization for disclosure of information under Health Insurance Portability and Accountability Act of 1996, (Pub. L. 104-191), 45 CFR Section 160 through 164. A facsimile of this transmission may be accepted in lieu of an original.

DATED: \_\_\_\_\_ Signed: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**STATEMENT OF PHYSICIAN**

RE: John Mortensen

1. I am a medical doctor, licensed to practice medicine in the state(s) of Washington and/or Oregon.
2. I am acquainted with the patient referenced above.
3. I am not related by blood or marriage to the patient nor am I related to KAREN L. WEBBER or BECKIE J. PETTIS.
4. It is my opinion that the above patient is/is not [circle choice] capable of reviewing and executing basic estate planning documents for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

5. It is my opinion that the above patient is/is not [circle choice] capable of managing his/her affairs for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME: Kevin B. [Signature]

Dated 9/22/21

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Form prepared by the Law Offices of  
PETTIS WEBBER PACIFIC P.S.  
Attorneys at Law  
1500 D STREET  
Vancouver WA 98663  
360 696-2069

J:\WP\Office\Fee Agreements\2021\EP IC Folder\Statement physician.vpd

Peacehealth Medical Group  
Fisher's Landing  
16811 SE McGillivray Blvd  
Vancouver, WA 98683  
Ph: 360-735-8100 Fax: 360-253-1781

Exhibit A  
Page 1 of 1