



00012433202200005000030039

After recording, return to (Name, Address, Zip):

Mark Lowry
 PO Box 83
 Stevenson WA 98648
 Carson, WA 98610

GENERAL POWER OF ATTORNEY - DURABLE

Grantor(s) (Principal):

Mark C Lowry

Grantee(s) (Attorney in Fact):

Peggy B Lowry

Abbreviated Legal Description:

Lot 2 Geo. Hollenberry Short Plat Book 2 Page 143

Assessor's Property Tax Parcel or Account No:

04-07-35-10-0-0300-00

Related Auditor No(s):

I, Mark C Lowry,
 hereby revoke any and all General Powers of Attorney I have executed prior to this date, and I appoint
Peggy B Lowry, or, if he or she is unable or
 unwilling to act, I appoint Gerald Lowry

as my true and lawful attorney in fact ("my attorney"), to have all powers of absolute ownership that I would have if
 alive and competent, including but not limited to the following:

(1) To lease, sell, exchange, or otherwise dispose of any real or personal property that I own or may own in
 the future, or in which I may have any right, title or interest, including rights of homestead, for any price or sum, and
 upon such terms and conditions as to my attorney may seem proper;

(2) To take possession of, manage, maintain, operate, repair or improve any and all real or personal proper-
 ty, including any business or businesses, that I own or may own in the future, to pay the expense thereof, to insure
 and keep the same insured, and to pay any and all taxes, charges and assessments that may be levied or imposed upon
 any such property;

(3) To buy, sell and generally deal in and with goods and merchandise of every name, nature and description,
 and to hypothecate, pledge and encumber the same;

(4) To buy, sell, assign, transfer and deliver all or any securities in my name or through a brokerage in unreg-
 istered form in any publicly or privately traded company for any price, and upon such terms as to my attorney may
 seem proper, and to receive and make payment therefor;

(5) To make, amend, alter or revoke any of my life insurance, annuity or similar contract beneficiary designa-
 tions, employee benefit plan beneficiary designations, trust agreements, registration of my securities in beneficiary form,
 payable on death or transfer on death beneficiary designations, designation of persons as joint tenants with right of sur-
 vivorship with me with respect to any of my property, community property agreements or any other provisions for non-
 probate transfer at death contained in nontestamentary instruments described in RCW 11.02.091;

(6) To make any gifts of property I own;

(7) To exercise my rights to distribute property in trust or cause a trustee to distribute property in trust to the
 extent consistent with the terms of the trust agreement;

(8) To make transfers of property to any trust (whether or not created by me) if the trust benefits me alone
 and does not have dispositive provisions which are different from those which would have governed the property had
 it not been transferred into the trust;

(9) To disclaim property;

(10) To borrow or lend any sums of money on such terms and at such rates of interest as to my attorney may
 seem proper, and to give or accept security for the repayment of the same;

(11) To ask for, demand, recover, collect and receive all moneys, debts, rents, dues, accounts, legacies,
 bequests, interests, dividends and claims whatsoever which are now or which hereafter may become due, owing and



payable or belonging to me, and to have, use and take all lawful ways and means in my name for the recovery of any thereof by attachments, levies or otherwise;

(12) To prepare, execute and file any proof of debt and other instruments in any court and to take any lawful proceedings in connection with any sum of money or demand due or payable to me, and in any proceedings, to vote in my name for the election of any trustee(s), and to demand, receive and accept any dividend or distribution whatsoever;

(13) To adjust, settle, compromise or submit to mediation or arbitration any account, debt, claim, demand or dispute, as well as matters which now exist or hereafter may arise between me or my attorney and any other person or persons;

(14) To sell, discount, endorse, negotiate and deliver any check, draft, order, bill of exchange, promissory note or other negotiable paper payable to me, and to collect, receive and apply the proceeds therefrom for my use; to pay to or deposit the same or any other sum of money coming into the hands of my attorney into checking and into savings accounts in my name with any bank or banker of my attorney's selection, and to draw out moneys deposited to my credit with any bank, by check or otherwise, including deposits in savings accounts, and to apply the same for any of the purposes of my business as my attorney may deem proper; to purchase and sell certificates of deposit; to appoint any bank or trust company as escrow agent; to transfer any asset of mine into any form or sort of trust; and, generally, to conduct any and all banking transactions on my behalf;

(15) To make, execute and deliver any and all manner of contracts with reference to minerals, oil, gas, oil and gas rights, rents and royalties, including agreements facilitating exploration for and discovery of oil, gas, minerals and deposits;

(16) To commence and prosecute, to defend against and to compromise, suits and proceedings concerning any matters in which I am or hereafter may be interested or concerned;

(17) To vote any securities in my name as proxy;

(18) To have access to any safe deposit box which has been or may be rented in my name or in the name of myself and any other person or persons;

(19) In connection with any of the powers herein granted, to sign, make, execute, acknowledge and deliver in my name any and all deeds, contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem proper;

(20) To employ, pay and discharge any person, including legal counsel, in connection with the exercise of any power granted by this instrument;

(21) To complete, amend, execute and deliver any tax return or form of any nature whatsoever; to pay any tax due or collect any tax refund due; to make and respond to lawful inquiries from any taxing authority in connection with any power granted herein;

(22) To access, modify, control, archive, transfer, and delete my digital assets, including without limitation all email messages and email accounts; digital music, photographs, and video; social media accounts; web hosting accounts; blogs; online store and auction accounts; etc., to the fullest extent allowed a fiduciary in the Revised Uniform Fiduciary Access to Digital Assets Act.

(23)

(24) Generally, to conduct, manage and control all of my business and my property, wherever it may be located, as my attorney may deem necessary for my support and in my best interests, hereby releasing all third persons from responsibility for their good-faith reliance on the acts and omissions of my attorney.

I hereby give to my attorney full power and authority to do each and every act and thing whatsoever, as fully as I might or could do if alive and competent, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue hereof, and specifically acknowledging that this power of attorney shall not be affected by my disability. Disability shall include the inability to manage property and affairs effectively for reasons such as, but not limited to, mental illness, mental deficiency, developmental disability, mental retardation, physical illness, advanced age, chronic or excessive use of drugs, chronic intoxication, confinement by governmental authority, detention by a foreign power or disappearance. I shall be deemed to have full capacity and not be disabled unless my physician determines otherwise in a signed writing delivered to my attorney. In the case of confinement, detention or disappearance, disability may be evidenced by a written statement of a qualified person with knowledge of such disability. Upon my request,



my physician shall determine whether I am no longer disabled and evidence its determination in a signed writing delivered to my attorney. Alternatively, incompetence or competence may be established by a finding of a court having jurisdiction over me.

My attorney may make any transfer of resources not prohibited under RCW 74.09 when the transfer is for the purpose of qualifying me for medical assistance or the limited casualty program for the medically needy.

This power shall take effect (check one; if no box is checked, this power shall take effect on the date it is signed):

☒ on the date it is signed.

☐ on the date I am determined to be disabled.

☐ (describe circumstance) _____

(Optional - Check and complete if applicable.)

☒ I nominate Peggy B Lowry to be guardian or limited guardian of my person or my estate for consideration by the court if protective proceedings for my person or estate are hereafter commenced.

☐ The following person(s) shall have no authority to bring a court petition with respect to this power of attorney: _____

My attorney and all persons who rely in good faith on my attorney's actions under this power of attorney may assume that this power has not been revoked until my attorney has received actual notice either of such revocation or of my death.

In construing this instrument, where the context so requires, the singular includes the plural.

I have signed this instrument on _____

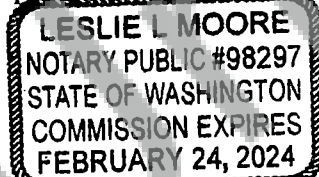
Mark C Lowry

NOTE: This power of attorney must be acknowledged before a notary public or attested by two or more witnesses (choose one):

☒ STATE OF WASHINGTON, County of Skamania ss.

I certify that I know or have satisfactory evidence that Mark C Lowry

is the individual who appeared before me, and who acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.



Leslie L Moore
Notary Public for Washington

My appointment expires 2/24/2024

☐ I hereby witness this power of attorney and attest that:

(1) This power of attorney was signed by the principal in the presence of the other witness and me.

(2) I am over the age of eighteen (18) years and competent to be a witness.

(3) I am neither a home care provider for the principal nor a care provider at an adult family home or long-term care facility in which the principal resides.

(4) I am not related to the principal or attorney(s) by blood, marriage or state registered domestic partnership.

Deana Midland
WITNESS SIGNATURE
Deana Midland
WITNESS NAME (TYPED OR PRINTED)
882 Kanaka Creek
ADDRESS
Stevenson WA 98648
CITY STATE ZIP

Olivia Munsch
WITNESS SIGNATURE
Olivia Munsch
WITNESS NAME (TYPED OR PRINTED)
1604 Shahala
ADDRESS
N. Bonnewille WA 98639
CITY STATE ZIP

