Skamania County, WA
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Skamania County, WA
2023-000308
03/09/2023 10:30 AM

Request of: DEBBIE R SEITZ

0001543820230003080030034

WHEN	N RECORDED RETURN TO:
D	ebbie R. Seitz
	0 Box 13
No	orth Bonneville, WA 98639

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)			
DIRECTIVE TO Physicians REFERENCE NUMBER(S) of Documents assigned or released:			
REFERENCE NUMBER(S) of Documents assigned or released:			
7. T. C.			
Additional numbers on page of document.			
GRANTOR(S): 1. Debbie R. Seitz 2.			
34			
[] Additional names on page of document.			
GRANTEE(S):			
1. Durable Power of 2.			
3. ATTORNEY			
·			
[] Additional names on page of document.			
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):			
[] Complete legal on page of document.			
Assessor's Property Tax Parcel #			
[] 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 herby 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.			

DIRECTIVE TO PHYSICIANS

- I, DEBBIE R. SEITZ, a resident of the County of Skamania, State of Washington, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below and do hereby declare that:
- (a) If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians, and the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and my physicians determine that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally. I understand that by using this form that a "terminal condition" means an incurable and irreversible condition caused by injury, disease or illness, that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards and where the application of life-sustaining treatment would serve only to prolong the process of dying.
- (b) In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal. If another person is appointed to make these decisions for me, whether through a durable power of attorney, court action or otherwise, I request that the person be guided by this directive and any other clear expression of my desires.
- (c) If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.
- (d) If any portion of this directive shall be invalid, void, voidable or unenforceable, such invalidity or enforceability shall have no effect on any other portion hereof.
- (e) I understand the full import of this directive and am emotionally and mentally competent to make this directive.
- (f) In addition to the foregoing, and recognizing that the law in Washington concerning the matters covered in this paragraph (f) is unclear, it is my desire that my life not be prolonged through the use of "feeding tubes, intubation, hydration, life-sustaining drugs, mechanical ventilation or cardiopulmonary resuscitation" in the event the circumstances described in paragraphs (a) and (b), above, exist; without regard as to whether or not my death is imminent. Also, whether or not my death is imminent or my condition is terminal, if two physicians certify that if I am in an "irreversible coma" I do not wish to receive medical treatment that will only postpone the moment of my death, including but not limited to the types of medical treatment described in this paragraph (f). For this purpose an "irreversible coma" refers to a permanent loss

of consciousness from which there is no reasonable possibility that I will return to a cognitive and sapient life, and shall include, but not be limited to, a persistent vegetative state. If I am diagnosed to be in a terminal condition or in a permanent unconscious condition, I DO NOT WANT to have artificially provided nutrition. By this directive, I do not mean to preclude the use of pain medication, hydration or other treatment which may increase comfort. Additionally, life-sustaining treatment and artificial nutrition may be provided temporarily as necessary to allow organ donation.

- (g) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add to or delete from this directive at any time and that any changes shall be consistent with Washington state law or federal constitutional law to be legally valid.
- (h) It is my wish that every part of this directive be fully implemented. However, it shall not be implemented until the attorney-in-fact acting under my Durable Power of Attorney have had full opportunity to consult with the attending physicians and to consider my prognosis and optional treatments and have consented to the implementation of this directive.

This directive is made pursuant to the provisions of Chapter 70.122 of the Revised Code of Washington.

Debbie R. Seitz	DATED: March <u>9</u> , 2023.
STATE OF WASHINGTON)	
Oounty of Skamania) ss.	

I certify that I know or have satisfactory evidence that DEBBIE R. SEITZ signed this instrument and acknowledged it to be her free and voluntary act and deed for the uses and purposes mentioned in the instrument.

DATED this 9 day of March, 2023

CHAR HARTLEY
NOTARY PUBLIC #135180
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 19, 2024

NOTARY PUBLIC in and for the State of Washington, residing at Stevenson.
Commission Expires: 4/1/2294

