

Skamania County, WA  
Total:\$306.50  
POA  
Pgs=4

**2025-000986**

06/30/2025 12:14 PM

Request of: COLUMBIA GORGE TITLE



00021631202500009860040045

**WHEN RECORDED MAIL TO:**

Ronny L Truelove  
PO Box 399  
North Bonneville, WA 98639

**DOCUMENT TITLE(S)**

Durable Power of Attorney for Finances

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR(S):**

Ronny L Truelove

**GRANTEE(S):**

Andrea Truelove

**LEGAL DESCRIPTION:**

Lot 13 of Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, Recorded in Book B of Plats, Page 16, under Skamania County File No. 83466, also recorded in Book B of Plats, Page 32, under Skamania County File No. 84429, Records of Skamania County, Washington.

**TAX PARCEL NUMBER(S):**

02-07-20-3-4-1300-00

**Durable Power of Attorney for Finances  
for**

Ronny L. Truelove

[My Name]

1. **Agent.** I choose ANDREA Truelove as my Agent with full authority to manage my finances.
2. **Alternate.** If ANDREA Truelove is unable or unwilling to act, I choose Mindy Truelove as my Agent with full authority to manage my finances.
3. **My Rights.** I keep the right to make financial decisions for myself as long as I am capable.
4. **Durable.** My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective: (check one)  
RLT ☒ Immediately.  
☐ Only if my medical provider signs a letter saying I cannot make decisions for myself.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively

as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)

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- ☒ create, amend, revoke, or terminate a living trust
- ☒ make gifts of my money or property
- ☒ create or change my rights of survivorship
- ☒ create or change my beneficiary designation(s)
- ☒ delegate some authority granted in this document to someone else
- ☒ waive my right to be the beneficiary of an annuity or retirement plan
- ☒ create, amend, revoke, or terminate my community property agreement
- ☒ tell a trustee to make distributions from a trust just as I could

9. **No Power to Agree to Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

10. **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.

11. **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.

RLT / Andrew Truelove

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RLT

RLT 12. HIPAA Release. I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

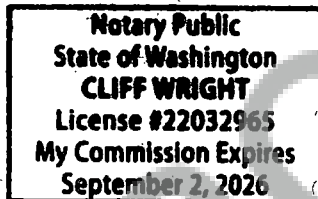
Ronny Levan True Love 4/18/25  
My Signature Ronny Levan True Love Date

**Notarization (optional, but recommended)**

State of Washington  
County of Clark County

I certify that I know or have satisfactory evidence that Ronny Levan True Love is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on 4/18/2025.



[Signature]  
SIGNATURE OF NOTARY  
Cliff Wright

PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington. Clark County

My commission expires 9/2/2026.

Witness 1

[Signature]  
Signature

AUCIA CUAFLIN

Name

1105 NE 133rd CIR  
VANCOUVER, WA 98685  
Address

Witness 2

[Signature]  
Signature

Linda J. Bieker

Name

26016 NE 147th Ave.  
Bothell Ground, WA 98604  
Address

RLT