

Skamania County, WA
Total: \$307.50 Pgs=5
POA
Request of: WFG WA CLARK COUNTY - RESWARE
eRecorded by: Simplifile

2025-001049

07/10/2025 11:58 AM

AFTER RECORDING RETURN TO:

Sparkie D. Beck
92 Collins Rd
Washougal, WA 98671

DURABLE POWER OF ATTORNEY

I, Sparkie Darlene Beck, (hereinafter "Principal"), domiciled and residing in the State of Washington, as authorized by RCW 11.125.050, designate Kelly L. Lund and Byron K. Beck as my Co-Agents/Attorneys-in-Fact. In the event that one of my Co-Agents is unable and/or unwilling to act, the remaining Co-Agent may act alone. The inability of one of my Co-Agents shall be evidenced by a signed writing by my declining Co-Agent or an affidavit of explanation by my remaining Co-Agent. Either of my Co-Agents may act independently of the other.

1. REVOCATION.

I hereby revoke any and all Powers of Attorney which have been previously executed by me and declare that this Durable Power of Attorney shall supersede any previous Powers of Attorney. This Durable Power of Attorney, once in effect, shall remain in full force and effect until revoked or terminated.

2. POWERS.

My Agent, as fiduciary, shall have all of the powers of absolute ownership over my assets and liabilities, whether located within or without the State of Washington, and shall have all the power I would have if competent, including, but not limited to, the following:

(A) To sell, make gifts of, transfer to trust, or otherwise dispose of my property. My Agent may sign my name to any deed, conveyance, mortgage, lease or other encumbrance or to any instrument necessary to be executed by which the property conveyed or transferred shall be released from any claim as community property;

(B) To endorse any checks payable to my order;

(C) To conduct business with any banking institution where my bank accounts may be located and enter my safety deposit box;

(D) To sign my name to any document necessary to transfer or convey any interest I may have in stocks, bonds, or certificates of deposit, including the authority to create or add to living trusts;

(E) To make, amend, alter or revoke any life insurance beneficiary designations or change of ownership of any life insurance policies;

3. NOMINATION OF GUARDIAN.

In the event that a proceeding is initiated to appoint a guardian of my person and/or estate under RCW 11.88, I nominate Kelly L. Lund and Byron K. Beck to serve as my Co-Guardians. In the event that one of my Co-Guardians is unable and/or unwilling to act, the remaining Co-Guardian may act alone. The inability of one of my Co-Guardians shall be evidenced by a signed writing by my declining Co-Guardian or an affidavit of explanation by my remaining Co-Guardian. Either of my Co-Guardians may act independently of the other.

4. GIFTS.

INTERSPOUSAL TRANSFER: The authority to transfer property for the purpose of effectuating an interspousal transfer of property pursuant to RCW 74.09;

If I would be eligible for government assistance to pay the expenses of my long term care, my Agent shall have the power to transfer my property by gift (in accordance with the terms of my will or if I have no will by the laws of intestate succession) if deemed advisable by my Agent to help preserve my estate for my heirs. If my Agent is also my heir, then my Agent is among the permissible recipients of my property without limitation of RCW 11.95.100 or 11.95.110 or any similar law;

5. EXCLUDED POWERS.

The Agent shall not have the power:

(A) To revoke or change any estate planning or testamentary documents previously executed by me, unless the document authorizes changes with Court approval. **However, my Agent shall have the power to revoke any community property agreement.**

(B) To commit me to any binding arbitration.

6. HEALTH CARE DECISIONS.

In addition to the powers designated above, my Agent shall also have all powers as are necessary to make health care decisions on my behalf. These powers include access to all medical records. My Agent shall have the power to authorize surgery, medication or any other form of health treatment, and the power to order the withholding or withdrawing of life-sustaining treatment consistent with any health care directive that has been duly signed and witnessed. In the absence of a health care directive, and in the event I have been diagnosed as

terminally ill, I give my Agent ~~the~~ power to order the withholding or withdrawing of life-sustaining treatment if my Agent believes, in his or her own judgment, that it was what I would want if I could make the decision myself.

Except to the extent the right is limited by the appointment or any federal or state law, my Agent has the same right as me to receive, review, and authorize the use and disclosure of my health care information when my Agent is acting on my behalf and to the extent required for the agent to carry out his or her duties. This subsection shall be construed to be consistent with chapters 70.02, 70.24, 70.96A, 71.05, and 71.34 RCW, and with federal law regarding health care information including the Health Insurance Portability and Accountability Act (HIPAA), 42 USC 1320d and 45 CFR 160-164.

7. EFFECTIVENESS.

This Durable Power of Attorney shall become effective immediately and continue throughout my disability, incapacity or incompetency. Disability shall include the inability to manage property and affairs effectively for reasons such as mental illness, dementia, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, kidnapping or disappearance. Disability may be evidenced by a written statement from my qualified treating physician and/or by other qualified persons with knowledge of any confinement, detention or disappearance. Incompetence or incapacity may be established by a finding of a court having jurisdiction over me.

7(a). My Agent shall have effective power if I am arrested or incarcerated and shall have full authority to manage my affairs as if I were incapacitated.

8. DURATION.

This Durable Power of Attorney becomes effective as provided in Paragraph 7 above and shall remain in effect to the extent permitted by RCW 11.125 or until revoked or terminated under Paragraphs 9 and 10 below, notwithstanding any uncertainty as to whether I am dead or alive.

9. REVOCATION.

This Durable Power of Attorney may be revoked, suspended or terminated in writing by me with written notice thereof to the appointed Agent or otherwise to the successor Attorney-in-Fact, and, if necessary, by recording the written instrument or revocation in the Office of the Auditor of Clark County, Washington.

10. TERMINATION.

(A) By Appointment of Guardian

This Durable Power of Attorney can be revoked, suspended or terminated by the appointment of a guardian for me.

(B) By Death of Principal

My death shall be deemed to revoke this Durable Power of Attorney upon actual knowledge or actual notice being received by my Agent.

11. ACCOUNTING.

My Agent shall be required to account to any subsequently appointed personal representative.

12. DISPOSITION OF REMAINS.

After my death, my Agent shall have the authority to act as my representative for purposes of controlling the disposition of my remains, as authorized under RCW 68.50.160 if I have not otherwise made lawful provision for this disposition.

13. RELIANCE.

My designated and acting Agent and all persons dealing with my Agent are entitled to rely upon this Durable Power of Attorney so long as neither my Agent nor any person with whom my Agent was dealing at the time of any act taken pursuant to this Durable Power of Attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the Durable Power of Attorney by death or otherwise. Any action so taken unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees or personal representatives.

14. INDEMNITY.

My estate shall hold harmless and indemnify my Agent from all liability for acts done on my behalf in good faith and not in fraud.

15. APPLICABLE LAW.

The laws of the State of Washington shall govern this power of attorney. If any provision in this document, or any part thereof, is held invalid, the remaining parts shall not be affected.

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16. EXECUTION.

This Durable Power of Attorney is signed in original the day and year indicated below and is to become effective as provided in Paragraph 7 above.

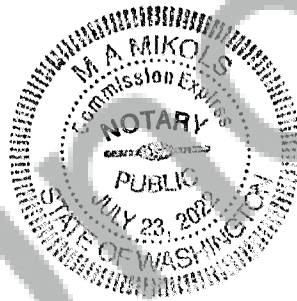
DATED this 19 day of Oct, 2020.

SIGNED: Sparkie Beck
Sparkie Darlene Beck

STATE OF Washington
: ss.
County of Columbia

On this 19 day of October, 2020, a person I know to be Sparkie Darlene Beck appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

SUBSCRIBED AND SWORN to before me this 19th day of October, 2020.



Ma A. Mikolaj
Print Name: Ma A. Mikolaj
NOTARY PUBLIC in and for the State of
Washington, residing at Columbia County
My Commission expires: 7/23/2022