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WHEN RECORDED RETURN TO:

Richard N. Darco
 1011 Panoramapoint Rd
 White Salmon, WA
 98672

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)

Durable Power of Attorney for Finances

REFERENCE NUMBER(S) of Documents assigned or released:

for Sharon Kay Darco

☐ Additional numbers on page ____ of document.**GRANTOR(S):**

1. Sharon Kay Darco

3. _____ 4. _____

☐ Additional names on page ____ of document.**GRANTEE(S):**

1. Richard Neil Darco

3. _____ 4. _____

☐ 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 hereby 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.

Durable Power of Attorney for Finances for Sharon Kay Darco

My name is **Sharon Kay Darco**. My date of birth is **October 4, 1950**.

1. **Agent.** I choose Richard Neil Darco Jr as my Agent with full authority to manage my finances.
2. **My Rights.** I keep the right to make financial decisions for myself if I am capable.
3. **Durable.** My Agent can use this power of attorney to manage my finances even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.
4. **Start Date.** This power of attorney is effective immediately.
5. **End Date.** This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.
6. **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 at any time by giving written notice of revocation to my Agent.
7. **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
 - ✓ Open and remove items from any safe deposit box in my name
 - ✓ Sell, exchange, or transfer title to stocks, bonds, or other securities
 - ✓ Sell, convey, or encumber any real or personal property
 - ✓ Apply for and manage governmental benefits, including Medicaid
8. **Special Powers.** My agent shall also have the following powers:
 - ✓ Create, change, or cancel my rights of survivorship
 - ✓ Create, change, or cancel beneficiary designations
 - ✓ Give up my right to be the beneficiary of an annuity or retirement plan
 - ✓ Create, change, or cancel a community property agreement
9. **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.
10. **Nomination of Conservator.** I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.

11. 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.

I am signing of my own free will for the purposes stated in this document.

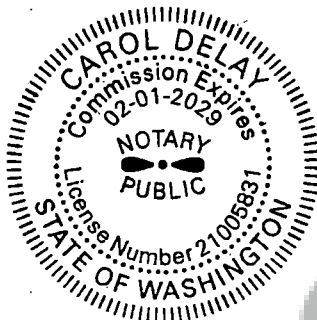
7.16.25
Date

Sharon Kay Darco
My Signature (in front of a notary)

Notarization

State of Washington
County of Klickitat

This document was acknowledged before me on (date) 7-16-2025 by Sharon Kay Darco.



Carol Delay
Signature of Notary
Notary Public for the State of Washington.
My commission expires 2-1-2029