

**WHEN RECORDED RETURN TO:**

**Joel Jensen**  
**82 Newquist Road**  
**Washougal, WA 98671**

Skamania County, WA  
Total: \$305.50 Pgs=3  
POA  
Request of: CASCADE TITLE COMPANY  
eRecorded by: Simplifile

**2026-000051**  
01/12/2026 08:30 AM

**DOCUMENT TITLE(S)**

**Durable Power of Attorney**

**GRANTOR(S):**

**Larry William Doody**

**GRANTEE(S):**

**Joel Damon Jensen**

**DURABLE POWER OF ATTORNEY**  
**LARRY WILLIAM DOODY**

I, Larry William Doody, born October 31st, 1950, resident of Washington, revoke any powers of attorney I may have given in the past and give Joel Damon Jensen born June 18<sup>th</sup>, 1969, (hereafter referred to as the agent) a durable power of attorney. I intend that it remain in effect and not be limited by any future disability I may have.

**1. POWERS**

- A. The agent shall act on my behalf and for my benefit, and shall have all powers over my estate that I have or acquire. These shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell, convey or encumber any real or personal property.
- B. The agent shall have the power to consent to, or to withhold consent from, medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health, and comfort; the agent shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

**2. EFFECTIVE DATE, REVOCATION AND DISPOSITION OF REMAINS**

- A. This power of attorney shall become effective immediately.
- B. It shall remain until revoked or until my death.
- C. I may revoke this power of attorney by giving written notice to the agent and, if the power of attorney has been recorded, by recording the written instrument of revocation in the county office where deeds are recorded.
- D. 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 68.50.16, if I have not otherwise made lawful provision for their disposition.

E. If I give notice of revocation after my agent has certified that I lack the mental capacity to make important decisions, then my agent's power of attorney shall be suspended unless and until a court determines that the revocation was not effective.

### **3. RIGHTS AND DUTIES OF THE AGENT**

A. My estate shall hold the agent harmless from, and indemnify the agent for, all liability for acts done for me in good faith based on this power of attorney.

B. The agent shall be required to account to any subsequently appointed personal representative.

### **4. NOMINATION OF GUARDIAN**

A. I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced.

*(initials)* 5. SUBSTITUTE AGENT I appoint AMY LYNN JENSEN, born 3-13-1974, to serve as substitute agent in place of the agent named in Paragraph 1 if unable or unwilling to serve. *(initials)*  
DATED: 12-18-24

*Larry William Doody*  
Larry William Doody

On 12-18, 2024, a person I know to be, Larry William Doody, appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

*Char Hartley*  
Signature of Notary

Printed Name of Notary: CHAR HARTLEY

Notary Public, State of Washington,

Residing at: Skamania County

My Commission expires: 12-22-2027

