

When recorded return to:
Larry A. Ward
502 E Joanne Ct.
Spokane, WA 99218

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620055521

CHICAGO TITLE
620055521

DOCUMENT TITLE(S)

Durable Power of Attorney

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

Additional reference numbers on page _____ of document

GRANTOR(S)

Larry A Ward

Additional names on page _____ of document

GRANTEE(S)

Kathleen A Schatz

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

LT 13, "CASCADE PARK ADDITION"

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P76332 / 4154-000-013-0001

Additional Tax Accounts are 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 provided herein.

"I am signing below and paying an additional \$50 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 Larry A. Ward

1. **Agent.** I choose Kathleen A. Schatz as my Agent with full authority to manage my finances.
2. **Alternate.** If Kathleen A. Schatz is unable or unwilling to act, I choose Gail Amonson 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 immediately.
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.
 - ✓ 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.
9. **Special Powers.** My agent shall also have the following powers:
 - ✓ Give gifts of my money or property, including gifts to my agent.
 - ✓ 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.

Durable Power of Attorney for Finances for Larry A. Ward

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- ✓ Create, change, or cancel a trust.
- ✓ Tell a trustee to make distributions from a trust just as I could.
- ✓ Create, change or cancel a community property agreement.
- ✓ Give authority granted in this document to someone else.

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

11. **Nomination of Conservator.** I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.

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.

01/10/2024
Date

[Signature]
My Signature (in front of a notary)

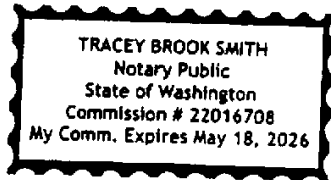
Notarization

State of Washington
County of Spokane

I certify that I know or have satisfactory evidence that Larry A. Ward is the person who appeared before me, signed the Durable Power of Attorney for Finances above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this document.

01/10/2024
Date

[Signature]
Signature of Notary



Notary Public for the State of Washington.
My commission expires 05/18/2026.