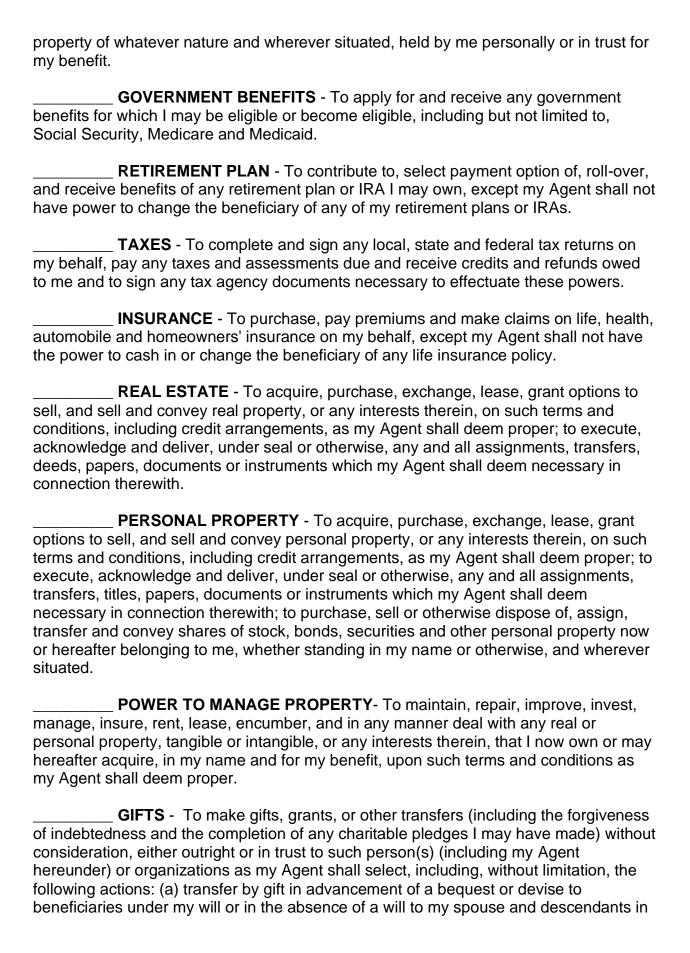
WASHINGTON DURABLE POWER OF ATTORNEY

| On the day of | , 20 | I, | , the | | |
|--|--|---|--|--|--|
| On the day of principal, of, of _ | , State of | | , hereby designate | | |
| , of _ | | _, State of | , my | | |
| Agent (hereinafter my "Agent for my benefit, hereby revoluted in the past. | nt"), to act as initialed | d below, in | my name, in my stead and | | |
| EFFECTIVE DATE | | | | | |
| (Choose the applicable para | agraph by placing yo | ur initials ir | n the preceding space) | | |
| A. I grant my Agexecution of this document. disability or incapacity I may | These powers shall | not be affe | | | |
| or | | | | | |
| • | • | | only when it has been unable to properly handle my | | |
| POWERS OF AGENT | | | | | |
| My Agent shall exercise por My Agent shall have the following | = | ests and fo | or my welfare, as a fiduciary. | | |
| (Choose the applicable pow | ver(s) by placing you | r initials in | the preceding space) | | |
| withdraw funds by check or personal and business expe | otherwise to pay for enses for my benefit. | goods, ser | | | |
| deposit box rented by me o | r to which I may have ry, and to remove all aid safe-deposit box; cated shall not incur | e access, wo or any par and any in any liability | rt of the contents thereof, and astitution in which any such | | |
| | ually or jointly with otl deposit or mortgage | hers; to giv as collater | | | |



| whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust |
|---|
| LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions against third parties who refuse, without cause, to honor this instrument. |
| SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting or extending the powers I give to my Agent (Write "None" if no additional instructions are given): |
| |
| |
| AUTHORITY OF AGENT: Any party dealing with my Agent hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my Agent as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my Agent or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my Agent shall lawfully do under this instrument. My Agent is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it. |
| LIABILITY OF AGENT : My Agent shall not incur any liability to me under this power except for a breach of fiduciary duty. |
| REIMBURSEMENT OF AGENT : My Agent is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as Agent. |
| AMENDMENT AND REVOCATION : I can amend or revoke this power of attorney through a writing delivered to my Agent. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment. |
| STATE LAW : This Power of Attorney is governed by the laws of the State of Washington. |
| PHOTOCOPIES : Photocopies of this document can be relied upon as though they were originals. |
| IN WITNESS WHEREOF, I have on this day of, 20, executed this Financial Power of Attorney. |
| Principal's Signature |

NOTICE: THE PRINCIPAL'S SIGNATURE MUST <u>EITHER</u> BE SIGNED WITH TWO (2) WITNESSES PRESENT OR ACKNOWLEDGED BY A NOTARY PUBLIC.

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

| Witness's Signature | - |
|--|----------------------------------|
| Address | - |
| Witness's Signature | - |
| Address | _ |
| STATE OF | |
| County, ss. | |
| On this day of , as Principal of this Pow | |
| through government issued photo identification to presence executed foregoing instrument and ackr same as his/her free act and deed. | be the above-named person, in my |
| Notary Public | - |
| My commission expires: | |

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

| State of | - |
|--|--|
| [County] of |] |
| I, (Name of Agent), [certify] under per (Name of Principal) granted me auth attorney dated | nority as an agent or successor agent in a power of |
| attorney; (2) The principal is alive and has power of attorney or my authorous power of attorney or my authorous erminated, revoked, limited, (3) When the power of attorney with and was not under undue in (4) All events necessary to makin (5) If I was married or a registere of attorney was executed, the or legal separation, and no accommodate domestic partnership or for legal separation, and no accommodate partnership or for legal separation, and accommodate partnership or for legal separation accommoda | suant to the authority given under the power of anot terminated, revoked, limited, or modified the ority to act under the power of attorney; nor has the ority to act under the power of attorney been or modified by any other circumstances; was signed, the principal was competent to execute affluence to sign; and the power of attorney effective have occurred; and domestic partner of the principal when the power ere has been no subsequent dissolution, annulment, action is pending for the dissolution of the marriage or egal separation; drafted to become effective upon the happening of event or contingency has occurred; or agent, the prior agent is no longer able or willing atted in the power of attorney that cause me to be occurred; and |
| SIGNATURE | E AND ACKNOWLEDGMENT |
| Agent's Signature | |
| Date | |
| Agent's Name Printed | |
| Agent's Address | |
| Agent's Telephone Number | |

| This document was acknowledged before me on | | , 20 |
|---|-----------------|----------------|
| by | (Name of Agent) | |
| Signature of Notary | | (Seal, if any) |
| My commission expires: | , 20 | |
| This document prepared by: | | 1 |