

Durable Power of Attorney for Finances

My name is Robert J Richardson. My date of birth is 10/8/39.

1. **Agent.** I choose (name): Michael C Mattson as my Agent with full authority to manage my finances.

Alternate. If the agent named above is unable or unwilling to act, I choose (name): Patty J Dodson as my Agent with full authority to manage my finances.

2nd Alternate. If both the agent and alternate named above are unable or unwilling to act, I choose (name): _____ 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 (check one):

Immediately.

only if my medical provider signs a letter saying I cannot make decisions for myself.

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:

Yes No – Give gifts of my money or property

- Yes No – Create, change, or cancel my rights of survivorship
- Yes No – Create, change, or cancel beneficiary designations
- Yes No – Give up my right to be the beneficiary of an annuity or retirement plan
- Yes No – Create, change, or cancel a trust
- Yes No – Tell a trustee to make distributions from a trust just as I could
- Yes No – Create, change, or cancel a community property agreement
- Yes No – Give authority granted in this document to someone else

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.

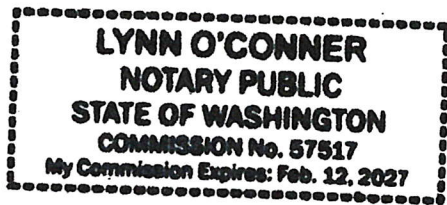
Richardson & Allen
My signature (in front of a notary)

07-11-2025
Date

Notarization (preferred)

State of Washington
County of Grays Harbor

This document was acknowledged before me on (date) 07-11-2025
by (name) Robert L. Richardson



[Signature]
Signature of Notary
Notary Public for the State of Washington.
My commission expires 02-12-2027