[ ] Yes [/] No – Create, change, or cancel my rights of survivorship

[ ] Yes [X] No – Create, change, or cancel beneficiary designations

[ ] Yes [X] No – Give up my right to be the beneficiary of an annuity or retirement plan

[ ] Yes [X] No – Create, change, or cancel a trust

[ ] Yes [X] No – Tell a trustee to make distributions from a trust just as I could

[ ] Yes [X] No – Create, change, or cancel a community property agreement

[ ] Yes [X] 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.

Robert L. Richardson

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.

LYNN O'CONNER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION No. 57517
My Commission Expires: Feb. 12, 2027

Lynn O'Conner

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

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