

Durable Power of Attorney for Finances for

Sandra Kay Schultz

[My Name]

1. **Agent.** I choose Dondi Hilderbrand as my Agent with full authority to manage my finances.
2. **Alternate.** If Dondi Hilderbrand is unable or unwilling to act, I choose Russell Schultz 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: (check one)
☒ Immediately.
☐ Only if my medical provider signs a letter saying I cannot make decisions for myself.
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

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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, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)

- ☒ create, amend, revoke, or terminate a living trust
- ☒ make gifts of my money or property
- ☒ create or change my rights of survivorship
- ☒ create or change my beneficiary designation(s)
- ☒ delegate some authority granted in this document to someone else
- ☒ waive my right to be the beneficiary of an annuity or retirement plan
- ☒ create, amend, revoke, or terminate my community property agreement
- ☒ tell a trustee to make distributions from a trust just as I could

9. **No Power to Agree to Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

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

11. **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.

/ Dondi Hilderbrand

/ Russell Schultz

/

arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

11. **Accounting.** My Agent shall keep accurate records of my financial affairs and show these records to me at my request.
12. **Nomination of Guardian.** I nominate my Agent as the guardian of my person for consideration by the court if guardianship proceedings become necessary.
13. **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.

Sandra Kay Schuttz Dec 26, 2020
My Signature Date

Witness 1

[Signature]
Signature

Witness 2

[Signature]
Signature

Name

2812 9th Ave Clarkston WA
Address 99403

Name

2734 9th Ave Clarkston, WA
Address 99403

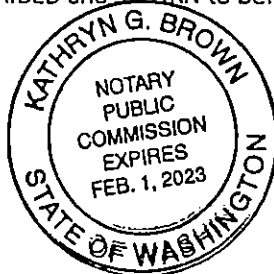
Notarization (Optional)

State of Washington

County of Asotin

I certify that I know or have satisfactory evidence that Sandra Kay Schuttz, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on ^{KB} December 26, 2020



Kathryn G Brown
SIGNATURE OF NOTARY
Kathryn G Brown
PRINT NAME OF NOTARY
NOTARY PUBLIC for the State of Washington.
My commission expires Feb 01, 2023.

Durable Power of Attorney for Health Care for

Sandra Kay Schultz

[My Name]

1. **Agent.** I choose Dondi Hilderbrand as my Agent with full authority to manage my health care.
2. **Alternate.** If Dondi Hilderbrand is unable or unwilling to act, I choose Russell Schultz as my Agent with full authority to manage my health care.
3. **My Rights.** I keep the right to make health care decisions for myself as long as I am capable.
4. **Durable.** My Agent can still use this power of attorney document to manage my affairs even if I become sick or injured and cannot make decisions for myself. This power of attorney shall not be affected by my disability.
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7. **Revocation.** I revoke any other power of attorney for health care 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 the power to make health care decisions and give informed consent to my health care, refuse and withdraw consent to my health care, employ and discharge my health care providers, apply for and consent to my admission to a medical, nursing, residential or other similar facility that is not a mental health treatment facility, serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and to visit me at any hospital or other medical facility where I reside or receive treatment.
9. **Mental Health Treatment.** My Agent is not authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is not authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.
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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.

Sandra Kay Schultz
My Signature

12-26-2020
Date

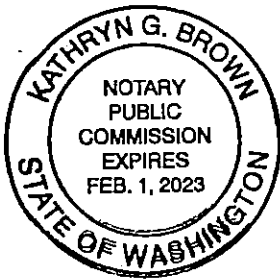
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State of Washington

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Kathryn G Brown
SIGNATURE OF NOTARY

Kathryn G Brown
PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires Feb 23 2020

Witness 1

Jinda L. Hoveston
Signature

Witness 2

John Hilderson
Signature

Name

2812 9th Ave Clarkston WA
Address 99403

Name

2784 9th Ave Clarkston WA
Address 99403

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Durable Power of Attorney for Finances for

Robert William Schultz,

[My Name]

1. **Agent.** I choose Dondi Hilderbrand as my Agent with full authority to manage my finances.
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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, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following special powers: (check all that apply)

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/ Dondi Hilderbrand

/ Russell Schultz

/

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Robert William Schultz
My Signature

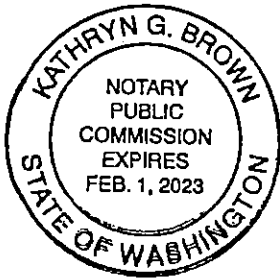
12-26-20
Date

Notarization (optional, but recommended)

State of Washington
County of Asotin

I certify that I know or have satisfactory evidence that Robert William Schultz, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on Dec 26, 2020.



Kathryn G Brown
SIGNATURE OF NOTARY

Kathryn G Brown
PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires Feb 1, 2023

Witness 1

Jinda L. Howerton
Signature

Witness 2

John Hildebrand
Signature

Name

2812 9th Ave. Clarkston, WA

Address

Name

2784 9th Ave Clarkston WA

Address

Durable Power of Attorney for Health Care for

Robert William Schultz

[My Name]

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Robert W. Schultz
My Signature

12-26-20
Date

Witness 1
Jada H. Brunton
Signature

Witness 2
J. H. Hildebrand
Signature

Name
2812 9th Ave Clarkston, WA
Address 99403

Name
2784 9th Ave Clarkston, WA
Address 99403

Notarization (Optional)

State of Washington
County of Asotin

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Kathryn G. Brown
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