

FILED
SUPERIOR COURT
THURSTON COUNTY, WASH.

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BETTY J. GULD, CLERK

BY [Signature] DEPUTY

SUPERIOR COURT OF WASHINGTON
FOR THURSTON COUNTY
FAMILY AND JUVENILE COURT

Kirsten Harris

Plaintiff/Petitioner,

vs.

Dawna Riley

Defendant/Respondent.

02 3 00436 0

NO. _____

TITLE OF DOCUMENT:

Powers Of Attorney

NAME:

Kirsten Harris

ADDRESS:

223 Cort St SW
Tumwater WA 98512

PHONE:

(360) 352-1400

PLEASE PRINT CLEARLY

POWER OF ATTORNEY:
CARE AND CUSTODY OF CHILD OR CHILDREN

KNOW ALL MEN BY THESE PRESENTS: That I/We, Dawna Grace
Riley 02 3 00436 and _____, residing
at _____ hereby make, constitute and appoint
Kirsten Harris and Troy Ray Lee,
jointly (if more
than one attorney-in-fact is appointed, add "Jointly," "either of them" or "any one of them" to indicate how they
must act) as our true and lawful attorney(s), to act in our name, place and stead, to do and execute
all or any of the following acts, deeds and things with respect to the care and custody of our
child/children:

Starcia Marie Ague

- (a) To participate in decisions regarding their education including attending conferences with their teachers or any other educational authorities, granting permission for their participation in school trips and other activities, and making any other decisions and executing any documents pertinent to their education.
- (b) To grant permission and consent to our children participating in any activity sponsored by any group, association or organization which activity our Attorney(s)-in-Fact may deem appropriate.
- (c) To make health care decisions on behalf of our children, including making decisions regarding their medical or dental care, whether routine or emergency in nature, including admissions to hospitals or other institutions; to consent to, to refuse to consent to, or to withdraw consent to the provision of any care, tests, treatment, surgery, service or procedure

to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions; to talk with health care personnel who may be treating our children and to examine their medical records and to consent to the disclosure of such records in circumstances the attorney(s) may deem appropriate; to file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which our children are insured; provided however, that our Attorney(s)-in-Fact shall not be required to execute any documents which would involve incurring any personal liability for any such treatment and care, and we affirm that we will be responsible for payment for any such care or treatment consented to by our Attorney(s)-in-Fact which is not covered by insurance.

(d) To generally do and perform all matters and things, to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining to our children, with the same full powers, and to all intents and purposes, with the same validity as we could, if personally present; and hereby ratifying and confirming whatsoever our said attorney(s) shall and may do, by virtue hereto.

(e) SPECIFICALLY EXCLUDED FROM THE AUTHORITY AND POWERS GRANTED HEREIN IS THE AUTHORITY OR POWER TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN) NAMED HEREIN.

The powers herein granted to our said Attorney(s)-in-Fact shall be exercisable by any one of them or all of them at any time and from time to time from 2-24-02 until 6-24-02.

This Power of Attorney shall remain in full force and effect until the date stated above, and any party dealing with our Attorney (s)-in-fact during such time shall be fully protected and is hereby discharged, released and indemnified from so doing in respect of any matter relating hereto unless such particular party shall have received prior notice in writing of the revocation of this Power of Attorney.

Signed this 26th day of FEBRUARY, 2002

Dawn D Riley
Signature
Thurston County Washington
City, County, and State of Residence

Kirsten M. Harris
Signature
Thurston County Washington
City, County, and State of Residence

STATE OF WASHINGTON

COUNTY OF THURSTON

I certify that I know or have satisfactory evidence that DAWNA G. Riley
& Kirsten M. Harris (is/are) the person(s) who appeared
before me, and said person(s) acknowledged that (he/she/they) signed this instrument and
acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned
in this instrument. Dated: 2-26-02

[Signature]
Notary Public

My appointment expires:

March 12, 2005

