

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 01 2005

PROOF OF BENEFICIAL USE

Department of Water Resources

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner. (505) 746-0700

1. Permit No. 86-11911 Telephone No. (208) 476-7475, (505) 746-8337

2. Name of Permit Holder(s): Evah Jean Hicks

3. Mailing Address: PO Box 948

City Artesia State NM Zip 88211

4. Source of Water: Well If **GROUNDWATER** (well), Date Drilled: mo. May 31 / yr. 2002

Well Driller: Uhlenkott Well Drilling Drilling Permit Number: 0022329
(208) 962-3109/5616

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 1 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 1/2 Domestic, yard, + garden. Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.04 cfs OR _____ acre-feet

7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device: Is a measuring device required?

Yes _____ or No X

Has the measuring device been installed?

Yes _____ or No X

Not required.

8. Fee Enclosed: \$ N/C (See Fee Schedule on back of the instructions for filing proof of beneficial use)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Jeffery C. Hicks Telephone Number: (208) 476-7475, (505) 746-8337
(505) 746-0700

Address: PO Box 948, Artesia, NM 88211

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: _____

Date: 5/25/05

(include your title, if on behalf of company or organization)

Jeffery C. Hicks

Durable Power of Attorney for Evah Jean Hicks, attached.
Certificate of Death for Royce E. Hicks, attached.

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. I-886

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Royce Elbert Hicks		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 71 (Years)	4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____	4c. UNDER 1 DAY Hours _____ Minutes _____	5. DATE OF BIRTH (Mo/Day/Yr) February 15, 1933
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Clearwater	
	7c. CITY OR TOWN Ahsahka		7d. STREET AND NUMBER 4229 View Point Road	7e. APT. NO. 83520
PARENTS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Evah Jean Gentry	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11. BIRTHPLACE (State, Territory, or Foreign Country) Montana	
INFORMANT	11a. FATHER'S NAME (First, Middle, Last, Suffix) Elbert Elijah Hicks		12b. BIRTHPLACE (State, Territory, or Foreign Country) Utah	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Erma Chadwick		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4229 View Point Road Ahsahka, Idaho 83520	
DISPOSITION	13a. INFORMANT'S NAME (Type or print) Evah Jean Hicks		13b. RELATIONSHIP TO DECEDENT Wife	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Frasier Cemetery Weippe, Idaho 83553	
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Pine Hills Funeral Chapel 939 Michigan Avenue Orofino, Idaho 83544		17a. LICENSE NUMBER (Of licensee) M-813	
	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Craig Ziegler</i>		18. WAS CORONER CONTACTED? ☒ Yes ☐ No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) Building Site		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) Building Site	
	20. FACILITY NAME (If not facility, give street and number) 32078 East Hayden Lake Road		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Hayden Lake, 83835	
CAUSE OF DEATH	22. COUNTY OF DEATH Kootenai		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 10, 2004	
	24. TIME OF DEATH 1930 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 10, 2004	
CERTIFIER: Complete Within 72 Hours of Death	26. TIME PRONOUNCED DEAD 1930 (24hr)		27. CAUSE OF DEATH	
	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → PROBABLE CORONARY THROMBOSIS DUE TO (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death): CORONARY ATHEROSCLEROSIS DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of):		Approximate Interval: Onset to Death IMMEDIATE YEARS	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I S/P CORONARY ARTERY BYPASS GRAFT		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☒ Unknown		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) December 10, 2004		33. TIME OF INJURY (24hr) 1930	
REGISTRAR	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) Hayden Lake, Idaho		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable	
REGISTRAR	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____		38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☒ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: <i>Dr. Robert S. West</i> Dr. Robert S. West - Coroner, 7315 North Government Way, Coeur d'Alene, Idaho 83815		39b. LICENSE NUMBER M-2875	
REGISTRAR	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record. <i>Dr. Robert S. West</i>		39c. DATE SIGNED 12 / 13 / 2004 MM DD YYYY	
	41a. REGISTRAR'S SIGNATURE <i>Jane S. Smith</i>		40b. DATE SIGNED 12 / 15 / 2004 MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: **DEC 15 2004**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR



**DURABLE POWER OF ATTORNEY
AND DURABLE POWER FOR HEALTH CARE**

EJH
4229

THE UNDERSIGNED, EVAH JEAN HICKS, whose address is 2242 Viewpoint Road, Ahsahka, Idaho 83520 ((208) 476-4345) as authorized by I.C. § 15-5-501 designates the following named persons to act for me now and if I hereafter become disabled or incompetent. ***This power of attorney shall not be affected by the subsequent disability or incapacity of the principal.***

1. Designations. My daughter, JOYCE ANN HICKS MUSTOE, whose address is 13061 Charing Way, Riverton, Ut 84065 ((801) 254-1888) and my son ~~JEFFREY~~ JEFFERY CHARLES HICKS whose address is P.O. Box 24323, Saint Simons Island, GA 31522, are designated as my co-attorneys in fact. In the event either is unable or unwilling to serve, the other shall continue to serve as my attorney in fact. EJH
2. Powers.

**General Authority to Act for Principal
as Absolute Owner and to Transact Business**

The Attorney in Fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, including, but not limited to, the specific power to cash, transfer, assign, deposit or request status as "Representative Payee" on Social Security checks, civil service retirement checks or benefits or any other retirement benefit owned and received by the principal, and shall have the further power to sell, transfer or assign all stocks, bonds, annuities and other securities, and to execute all appropriate documents to satisfy the requirements of transfer agents, whether located within or without the State of Idaho, and including, but not limited to, the specific power to have access to and enter the safe deposit box or boxes of the principal located in any financial institution. The Attorney in Fact shall have the power to purchase, receive, take possession of, lease, sell, convey, exchange, endorse, pledge, mortgage, release, hypothecate, encumber or likewise dispose of property or any interest in property, whether real, personal, mixed, tangible or intangible.

Financial Institution Transactions

The Attorney in Fact shall have the authority to open, continue, modify and terminate any existing account or other banking arrangement made by the Principal with any bank, savings and loan association, credit union, thrift company, or trust company. The Attorney in Fact shall also have the power to make deposits into or withdrawals of funds from any account belonging to the

Principal held in any such financial institution, by check, order or otherwise, and to make, draw, assign, endorse, discount, guarantee and negotiate promissory notes, checks, drafts and other negotiable instruments on behalf of the Principal. The Attorney shall further have the authority to receive bank statements, notices and similar documents and to contract for other services on behalf of and in the name of the Principal.

Tax Powers

Without limiting the generality of the foregoing, from and after the date this Power of Attorney becomes effective, the Attorney in Fact is authorized to perform any and all acts that the principal could perform with respect to all tax matters involving the principal or any property of the Principal, including the power to receive refund checks and the power to sign tax returns. This power shall include the authority to represent the principal in all tax matters; to prepare, sign and file federal, state and local income, gift and other tax returns of all kinds, for and in the name of the principal, including, where appropriate, joint returns, claims for refunds, requests for extensions of time to file returns and/or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts (including the tax court) regarding any tax matter involving the principal, and to prepare, sign and file any and all other tax-related documents as to which the principal is the taxpayer or which otherwise involves the principal or any property of the principal. The foregoing includes such consents and agreements under Section 2032A of the Internal Revenue Code, consents to split gifts and closing agreements as the Attorney in Fact may deem advisable. It also includes any power of attorney form prescribed or required by the Internal Revenue Service or any state or local taxing authority with respect to any and all tax years. This specifically includes authority to complete, sign and file Internal Revenue Service Form 2848 (or any comparable form) on behalf of the principal; to amend such form; to perform all functions, and to take all actions contemplated by such form (whether they are necessary or merely permissible). The foregoing also includes authority to pay taxes due; collect and make such disposition of refunds as the Attorney in Fact may deem appropriate; to post bonds; to receive confidential information; to contest any claimed deficiency determined by any taxing authority; to exercise any elections the principal may have under federal, state or local tax law; to allocate any generation-skipping tax exemption to which the principal is entitled; and generally to represent the principal and/or obtain professional representation for the principal in all tax matters and proceedings of all kinds and for all periods and tax years, before all offices and officers of the Internal Revenue Service, state and local taxing authorities and in all courts, and to engage, compensate and discharge attorneys, accountants and other tax and financial advisers to assist the Attorney in Fact and the principal in connection with any and all tax

matters involving the Principal or any property of the principal. In addition to the general authority granted the Attorney in Fact herein, specific powers, where required, shall include, without limitation, the execution of tax returns, participation in appeals, the making of tax elections of all manner, and all other tax matters for years 1990 through 2050 and, without limitation, forms 1040, 709, 2848, and election forms 2032A and 2056.

Stock, Securities, Proxy and Brokerage Powers

The Attorney in Fact shall have the power to deal with Securities and Brokerage accounts. With respect to my brokerage accounts, to effect purchases and sales (including short sales), to subscribe for and to trade in stocks, bonds, options, rights, and warrants or other securities, domestic or foreign, whether dollar or non-dollar denominated, or limited partnership interests or investments and trust units, whether or not in negotiable form, issued or unissued, foreign exchange, commodities, and contracts relating to same (including commodity futures) on margin or otherwise for my account and risk; to deliver to my broker securities for my account and to instruct my broker to deliver securities from my accounts to my Attorney in Fact or to others, and in such name and form, including his own, as he or she may direct; to instruct my broker to make payment of moneys from my accounts with my broker, and to receive and direct payment therefrom payable to him or her or others; to sell, assign, endorse and transfer any stocks, bonds, options, rights and warrants or other securities of any nature, at any time standing in my name and to execute any documents necessary to effectuate the foregoing; to receive statements of transactions made for my account(s); to approve and confirm the same, to receive any and all notices, calls for margin, or other demands with reference to my accounts(s); and to make any and all agreements with my broker with reference thereto for me and in my behalf

The power granted herein shall apply to all brokerage accounts now owned or hereafter acquired by the principal.

My Attorney in Fact may vote in person, or by general or limited proxy, with or without power of substitution, with respect to any stock or other securities I may own.

I authorize my Attorney in Fact to execute on my behalf any powers of attorney in whatever form which may be required by any stockbroker with whom I have deposited any securities.

Trust Powers

The Attorney in Fact shall have the power to create and fund and revoke

revocable or irrevocable trusts on behalf of the principal.

The Attorney in Fact shall have the power to act as Trustee or exercise powers reserved to the Grantor on any trust wherein the principal is Trustee or Grantor, specifically including the power to revoke any such trust, and to create, manage, fund or disburse funds within a revocable or irrevocable trust (assuming the trust permits trustee disbursement) on behalf of the principal.

The Attorney in Fact shall have the authority to enter into binding agreements reforming or amending trusts judicially or non-judicially .

Annuities

The Attorney in Fact shall also have authority to surrender for its cash value, change the designation of ownership and/or beneficiary and to annuitize any annuities owned by the principal.

Estate Planning

Except as permitted herein, the Attorney in Fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by the principal, unless the document authorizes changes with court approval.

Pension and Retirement Plan, IRA and 401 K Powers

The Attorney in Fact shall have the power to act on behalf of the principal in dealing with the principal's pension and retirement plans, including the power to make IRA contributions, IRA rollovers, IRA withdrawals, handle 401K plans and all other retirement accounts including, without limitation, making voluntary contributions, borrowing from any retirement account or plan, elect or select pay out options, and take any other steps which the principal might take with regard to the principal's retirement and/or IRA/401K/pension plans.

Power Regarding Life Insurance

The Attorney in Fact is expressly authorized to surrender for its cash value, change the designation of ownership and/or beneficiary of any policy of insurance under which the principal has an ownership interest, when the

surrender or change is for the purpose of qualifying the principal for medical assistance, the limited casualty program for the medically needy or Medicaid benefits, to continue or maintain such benefits or to avoid or prevent estate or lien recovery in respect of such services.

Disclaimer

The Attorney in Fact shall have the power and right to disclaim on behalf of the principal any and all property rights passing to the principal so as to qualify said disclaimer pursuant to the provisions of Section 2518, Internal Revenue Code, and I.C. §15-2-801. The principal expressly states that the property may pass to the attorney in fact by application of the disclaimer,

Gift and Transfer Powers and Limitations Medical Assistance Gifting and Transfer Power

The initials of the principal hereon indicate specific approval of the following gift/transfer power.

Initials: ESJ

The Attorney in Fact shall have the power to make gifts or transfers of any assets of the principal, regardless of the value thereof, as the Attorney in Fact deems appropriate to members of the family of the principal who are the spouse, children or grandchildren of the principal, specifically including the above named person acting as Attorney in Fact, when the gift or transfer is for the purpose of qualifying the principal for medical assistance, the limited casualty program for the medically needy or Medicaid benefits, or to continue or maintain such benefits or avoid or prevent estate or lien recovery in respect of such services. This power specifically includes the power to sign signature guaranteed stock powers and related documents on behalf of the principal, to surrender or change beneficiary on "pay on death" (POD) or "in trust for" (ITF) bank or investment accounts or accounts with like or similar designations, and to surrender or change beneficiaries on insurance policies and investment accounts.

Waiver of Fiduciary Restrictions and Self-Dealing Laws

Notwithstanding any provision of the State law or other laws to the contrary, I specifically authorize the Attorney in Fact to transfer assets to themselves if such transfers are within the scope of the powers set forth hereinabove, regardless of whether such transfers may be deemed to be selfserving, or contrary to law in respect of what an Attorney in Fact may do, acting in a fiduciary capacity. I

intend that, should my Attorney in Fact, within their absolute discretion, determine that my assets need to be transferred to others to allow me to qualify for Medicaid, with or without a period of ineligibility, my Attorney in Fact may do so, and may make these transfers directly to themselves without violation of any fiduciary duties or laws to the contrary.

Limited Powers of Attorney

My attorney in fact is granted the power to grant durable powers of attorney of a limited nature to whomever my agent determines is necessary to protect the principal or her assets, including specific powers of attorney for management of the principals financial accounts; and

2. **Purposes.** The attorney in fact shall have all powers as are necessary or desirable to provide for my support, maintenance, health, emergencies and urgent necessities.
3. **Effectiveness.** This Power of Attorney shall become effective immediately upon execution.
4. **Duration.** The Durable Power of Attorney becomes effective as provided in Paragraph 3 and shall remain in effect or to the extent by law or until revoked or terminated under Paragraph 6 or 7, notwithstanding any uncertainty as to whether the principal is dead or alive.
5. **Ascertainable Standard.** Notwithstanding any provision of this Power of Attorney or of applicable law seemingly to the contrary, and except as to transfers or gifts intended to create qualification of the principal for Medicaid or medical assistance programs, to continue or maintain such benefits or to avoid or prevent estate or lien recovery in respect of such services (even if such transfers and gifts create periods of ineligibility prior to eligibility), any right or power exercisable by the Attorney in Fact which would otherwise constitute a general power of appointment in the Attorney in Fact under Section 2041 or 2514 of the Internal Revenue Code may be exercised in favor of the Attorney in Fact only if necessary for the purpose of providing for the support, maintenance, health or education of the Attorney in Fact.
6. **Revocation.** This Power of Attorney may be revoked, suspended or terminated in writing by me to the attorney in fact, and, if the power of attorney has been recorded, by recording the written instrument of revocation in the office of Recorder or Auditor of any county in which the power has been recorded.

7. Termination.

- a. By Appointment of Guardian. The appointment of a guardian of the estate (conservator) of the principal vests in the guardian of the estate (conservator) with court approval, the power to revoke, suspend or terminate this Power of Attorney. The appointment of a guardian of the person only does not empower the guardian to revoke, suspend or terminate this Power of Attorney.
- b. By Death of Principal. The death of a principal shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the attorney in fact.

8. Accounting. The attorney in fact shall be required to account to any subsequently appointed personal representative.

9. Reliance. The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney in fact nor any person with whom he was dealing at the time of any act taken pursuant to this Power of Attorney, has received actual knowledge or actual notice of any revocation, suspension or termination of the Power of Attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the principal.

10. Health Care. Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services, and procedures, including such desires set forth in a living will or similar document executed by me, if any.

11. Inspection and Disclosure of Information Relating to My Physical or Mental Health.

A. General Grant of Power and Authority. Subject to any limitations in this document, my agent has the power and authority to do all of the following:

- (a) Request, review, and receive any information, verbal or written,

regarding my physical or mental health, including, but not limited to, medical and hospital records.

(b) Execute on my behalf any releases or other documents that may be required in order to obtain this information.

(c) Consent to the disclosure of this information.

(d) Consent to the donation of any of my organs for medical purposes.

B. HIPAA Release Authority. My agent shall be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

12. **Signing Documents, Waivers, and Releases.** Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

(a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

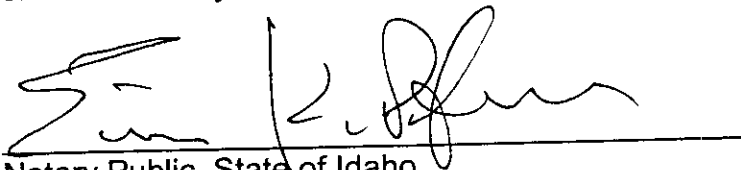
(b) Any necessary waiver or release from liability required by a hospital or physician.

13. **Guardian.** I hereby nominate the attorney-in-fact named above as guardian of my estate (conservator) and person if such services are required.

14. **Authority in Absence of Prearranged Funeral Plan.** If I have not made a prearranged funeral plan the right to control the disposition of my remains is

declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

GIVEN under my hand and official seal and subscribed and sworn to before me on this 20th day of December 2004.



Notary Public, State of Idaho
residing in Lewiston
My Commission expires:

5/29/2009

