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COVER SHEET

Kathy Hill, Skagit County Auditor  
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RETURN TO:

Marcile Gerlt

323 B. North LaVenture

Mount Vernon, WA 98273

DOCUMENT TITLE(S) (or transactions contained herein):

Power of Attorney

FIRST AMERICAN TITLE CO.  
B59751E-5

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

[ ] ADDITIONAL REFERENCE NUMBERS ON PAGE \_\_\_\_  
OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. Irwin F. Gerlt

2.

3.

4.

[ ] ADDITIONAL NAMES ON PAGE \_\_\_\_ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. Marcile L. Gerlt

2.

3.

4.

[ ] ADDITIONAL NAMES ON PAGE \_\_\_\_ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range):

Tract 36 of "FOREST ESTATES", AS PER PLAT RECORDED IN Volume 8 of Plats  
, pages 53 and 54, records of Skagit County.

[ ] ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

3914-000-036-0007 (R65451)

[ ] TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_ OF DOCUMENT.

DURABLE POWER OF ATTORNEY  
FOR  
IRWIN F. GERLT

THE UNDERSIGNED, as principal, residing in the state of Washington, as authorized by Title 11 of the Revised Code of Washington, including any amendments which may hereafter be adopted, designates the following named person in the alternative as attorney in fact for the principal.

1. Designation of Attorney in Fact: LOUVA MARCILE GERLT (also known as MARCILE L. GERLT) if living, able and willing to serve, is designated as attorney in fact for the principal, IRWIN F. GERLT. If LOUVA MARCILE GERLT is unable or unwilling to serve as attorney in fact, then SHARON S. WHITING will act as attorney in fact for the principal.

2. Powers of Attorney in Fact: The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the state of Washington. Power to convey, transfer, deliver, or receive title to real and personal property is specifically granted to the attorney in fact designated by this power of attorney, and this specification of authority shall not restrict any power reasonably necessary to fulfill the purposes and duties of the said attorney in fact. The attorney in fact is specifically authorized to claim, collect and disburse all insurance proceeds and public entitlements which may be due principal, and shall be indemnified against the reasonable costs and attorney's fees incurred to sustain any claim filed on behalf of principal. The attorney in fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by principal, unless the document authorizes changes with court approval. The attorney in fact shall have the power to make any gifts of property owned by the principal. The attorney in fact is specifically authorized to provide informed consent for health care decisions on principal's behalf as authorized under Washington law.

3. Purposes: The attorney in fact shall exercise broad powers of management over the assets, liabilities and business affairs of principal and do those things which are necessary or desirable to provide for the support, maintenance, health and other needs of the disabled or incompetent principal. If protective proceedings are hereafter commenced, the principal nominates the attorney in fact as the guardian or limited guardian of the estate or person for consideration by the court.

4. Effective Date: This power of attorney shall be effective immediately and shall not be affected by the disability

or incompetence of the principal. Disability shall include the inability of principal to manage his property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement or disappearance. Disability may be evidenced by a written statement of a qualified physician regularly attending the principal or by other qualified persons with knowledge of any confinement or disappearance. Incompetence may be established by a finding of a court having jurisdiction over the incompetent principal.

5. Duration: This power of attorney becomes effective as provided in Paragraph 4 and shall remain in effect to the extent permitted by Title 11, Revised Code of Washington, or until revoked or terminated under Paragraph 6, notwithstanding any uncertainty as to whether the principal is dead or alive.

6. Termination:

(a) By Appointment of Guardian: The appointment of a guardian of the estate of the principal vests in the guardian, with court approval, the power to revoke, suspend or terminate this power of attorney.

(b) By Death of Principal: The death of the principal shall be deemed to revoke this power of attorney upon actual knowledge or actual notice being received by the attorney in fact.

(c) Written Revocation: While competent, principal may revoke this power of attorney by written notice to the attorney in fact and by recording a notice of revocation in the office of the Auditor of Skagit County, Washington.

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

8. 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 she 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 this power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding upon the heirs, devisees, legatees or personal representatives of the principal.

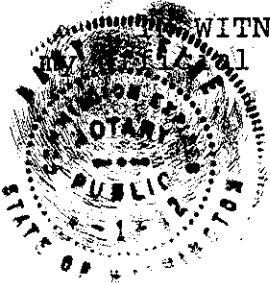
9. Indemnity: The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.

11. Execution: This power of attorney is signed on this day of May, 1992.

*Dr. Wm. H. H. H. H.*

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss

WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the date first above written.



My appointment expires: 8-1-92

Kathy Hill, Skagit County Auditor  
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