



200412280157

Skagit County Auditor

12/28/2004 Page

1 of

4 2:52PM

Document Title:

Power of Attorney

Reference Number :

Grantor(s):

☐ additional grantor names on page ____

1. Kathleen G. Trulson

2.

Grantee(s):

☐ additional grantee names on page ____

1. Herman L. Trulson

2.

Abbreviated legal description:

☐ full legal on page(s) ____

FULL LEGAL DESCRIPTION:

Lot 20, Brookfield Park Addition to the City of Anacortes, as the same is of record in the office of the Skagit County Auditor, in Volume 7 of Plats, Page 26. Subject to easements, restrictions and reservations of record, if any.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

3778-000-020-0000

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CONTINGENT DURABLE POWER OF ATTORNEY

THE UNDERSIGNED **KATHLEEN G. TRULSON**, domiciled and residing in Anacortes, State of Washington, as authorized by the Revised Code of Washington, Chapter 11.94, designates the following named person(s) as Attorney-in-Fact to act for the undersigned as the Principal who may hereafter become disabled or incompetent.

1. **Designation.** **HERMAN L. TRULSON**, of Anacortes, Washington, is hereby designated as Attorney-in-Fact for the Principal. If for any reason said person becomes unable or unwilling to so act, then **DAVID ERIC TRULSON**, of 24309 SE 37th Place, Issaquah, Washington, 98037 is designated as alternate Attorney-in-Fact to act for the Principal with the same authority, rights, and obligations as the primary Attorney-in-Fact. In the event that a guardianship or limited guardianship of the person or estate of the Principal is necessary, the Principal designates the Attorney-in-Fact designated herein to serve in that role subject to the confirmation of the Court.

2. **Powers.** 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. The Attorney-in-Fact shall have the authority to sell, pledge, transfer, assign, commit, or otherwise dispose of any and all assets of the Principal including bank accounts, stocks, bonds, savings certificates, certificates of deposit, treasury bills, and real property (including specifically, my homestead interest in any real property). The Attorney-in-Fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by the Principal except as provided below. The Attorney-in-Fact shall specifically have the power and authority to: Alter, amend, or revoke community property agreements; to annually make gifts not in excess of the amount that is at that time excludable from taxable gifts under the applicable provisions of the Internal Revenue Code to my relatives, close friends, or other natural objects of my bounty; to make transfers of the property to any trust, whether or not created by the Principal, for so long as the trust benefits the Principal (or the Principal's spouse, if any) and does not have dispositive provisions which are different from those which would have governed the property had it not been transferred to the trust; to disclaim property as the Attorney-in-Fact deems appropriate; to give an informed consent on the Principal's behalf to the conduct of medical tests, surgery, or other forms of health care upon recommendation of my attending physician or physicians and to sign all medical and hospital forms or consents in connection therewith; and to transfer assets either to the Attorney-in-Fact or others for the purposes of qualifying for medical assistance.



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2 3. **Purposes.** The Attorney-in-Fact shall have all of the
3 powers as are necessary or desirable to provide for the support,
4 maintenance, health, emergency care, and urgent necessities of
5 the disabled or incompetent Principal.

6 4. **Effectiveness.** This power of attorney shall become
7 effective upon receipt by the designated Attorney-in-Fact of
8 written evidence of the incompetency or disability of the Princi-
9 pal as determined by a court of competent jurisdiction or receipt
10 of a written statement of determination of the disability of the
11 Principal which shall include the inability to effectively manage
12 his/her property and affairs for reasons such as mental illness,
13 mental disability, physical illness or disability, advanced age,
14 chronic use of drugs, chronic intoxication, confinement, deten-
15 tion, or disappearance. Such written statement shall be made by
16 the then regularly attending physician of the Principal or if
17 there is no regularly attending physician, by another qualified
18 physician or by other persons with knowledge of any confinement,
19 detention, or disappearance.

20 5. **Duration.** This power of attorney becomes effective as
21 provided in paragraph 4 above and shall remain in effect to the
22 extent permitted by RCW 11.94 or until revoked or terminated
23 under paragraph 6 or 7 below, notwithstanding any uncertainty as
24 to whether the Principal is dead or alive.

25 6. **Revocation.** This power of attorney may be revoked,
26 suspended, or terminated in writing by the Principal with written
27 notice to the designated Attorney-in-Fact and by recording the
28 written instrument of revocation in the office of the recorder or
auditor of the county of the Principal's residence stated below.

7. **Termination.**

8 a. **By Appointment of Guardian.** The appointment of a
9 full guardian for the estate of the Principal vests in the guard-
10 ian, with court approval, the power to revoke, suspend or termi-
11 nate this power of attorney. The appointment of a guardian of
12 the person only or of a limited guardian without the specified
13 power to revoke, suspend, or terminate does not empower the
14 guardian or limited guardian to revoke, suspend or terminate this
15 power of attorney.

16 b. **By Death of Principal.** The death of a Principal
17 shall be deemed to revoke this power of attorney upon actual
18 knowledge or actual notice being received by the Attorney-in-
19 Fact.

20 8. **Accounting.** The Attorney-in-Fact shall be required to
21 account to any subsequently appointed personal representative.

22 9. **Reliance.** The designated and acting Attorney-in-Fact and
23 all persons dealing with the Attorney-in-Fact shall be entitled

1 to rely upon this power of attorney so long as neither the Attor-
2 ney-in-Fact, nor any person with whom they are dealing, at the
3 time of any act taken pursuant to this power of attorney had
4 received actual knowledge or actual notice of any revocation,
5 suspension, or termination of the power of attorney, by death or
6 otherwise. Any actions so taken, unless otherwise invalid or
7 unenforceable, shall be binding on the heirs, devisees, legatees,
8 or personal representatives of the Principal.

9
10 10. **Indemnity.** For all acts done in good faith, the Attor-
11 ney-in-Fact shall incur no personal liability for acts done pur-
12 suant to this power of attorney and on behalf of the Principal,
13 and Principal's estate shall hold harmless and indemnify the
14 Attorney-in-Fact from all liability for acts done in accordance
15 therewith.

16
17 11. **Applicable Law.** The laws of the State of Washington
18 shall govern this power of attorney.

19
20 12. **Revocation of Prior Powers of Attorney.** This document
21 hereby revokes any power of attorney previously executed (signed)
22 by the undersigned.

23
24 13. **Execution.** This power of attorney is executed on the
25 date set forth below. The Principal's county of residence is
26 Skagit County.

27 DATED this 12th day of April, 1990.

28
Kathleen G. Trulson
KATHLEEN G. TRULSON, Principal

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss

I certify that I know or have satisfactory evidence that
KATHLEEN G. TRULSON signed this instrument and acknowledged it to
be her free and voluntary act for the uses and purposes mentioned
in the instrument.

DATED: 4/2/90

Karen A. Walker
Notary Public in and for the State of
Washington, residing at Salmon, WA

My appointment expires: 3-30-92

