



200512230108
Skagit County Auditor

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Return Address:

ADNAN W. DIBEH
14455 Gilbralter Rd
Anacortes, WA 98221

Document Title(s) (for transactions contained therein): 1. <i>GENERAL POWER OF ATTORNEY</i> 2. 3. 4.
Reference Number(s) of Documents assigned or released: (on page of documents(s))
Grantor(s) 1. <i>Joseph M. Dibee</i> 2. 3. 4.
Additional Names on page of document.
Grantee(s) 1. <i>Maha Coxes</i> 2. 3. 4.
Additional Names on page of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) <i>South 60 Feet of Lots 5 through 8 Block 130 Plat of the Township of Gibraltar, Skagit County, WA, recorded Vol 105, PLATS pp 19-20</i>
Additional legal is on page of document.
Assessor's Property Tax Parcel/Account Number <i>4109-110-015-002 (P73606)</i>
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

GENERAL POWER OF ATTORNEY

I, JOSEPH M. DIBEE, of the County of King, State of Washington, as authorized by R.C.W. Chapter 11.94 designate the following-named person as my attorney-in-fact to act for me as principal, which designation shall not be affected should I become disabled or incompetent.

1. Appointment. I designate and appoint MAHA COLES, my SISTER, as my attorney-in-fact.

2. Authority.

2.1 General Grant of Power. My attorney-in-fact, as fiduciary, shall have all the powers as an absolute owner of my assets and liabilities, whether located within or outside the State of Washington, and including specifically but not limited to the power to sell, deed, lease, mortgage, convey and in any and every manner deal with any property whether real or personal, in which I may now hold or hereafter acquire any legal or equitable interest.

2.2 Medical Care. To provide informed consent for any medical care or treatment for me, including experimental forms of treatment, or to refuse consent for any type of medical treatment when consent is requested by any hospital or attending doctor, to select appropriate specialists and hospitals for my care, to change doctors when my agent deems it is in my best interests, to have complete access to me during my hospitalization; and to

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control who else may have access to me during my hospitalization; and no hospital or other medical institution, doctor, or other medical personnel shall incur any liability to me or my estate as a result of permitting my agent to exercise this power.

2.3 Extraordinary Powers. This grant of authority specifically includes the authority to make, amend, alter, or revoke any of my wills, codicils, life insurance beneficiary designations, employee benefit plan beneficiary designations, trust agreements, community property agreements; to make any gift of property owned by me; to make transfers of property to any trust (whether or not created by me) unless the trust benefits me alone and does not have dispositive provisions which are different from those which would have governed the property had it not been transferred into the trust, or to disclaim the property; and any and all other powers I would have if I were alive and competent.

3. Effectiveness. This power of attorney shall be effective upon execution and shall not be affected by disability of the principal but shall at all times continue in full force and effect notwithstanding any disability or incapacity I may suffer.

4. Duration. The authority of my attorney-in-fact to act on my behalf becomes effective immediately and shall remain in effect according to its terms notwithstanding my later disability

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or incapacity, or uncertainty as to whether I may be dead or alive, or until revoked or terminated as provided in paragraph 5 hereof or as otherwise provided by law.

5. Revocation and Termination. This power of attorney may be revoked, suspended or terminated in writing by principal with written notice to my designated attorney-in-fact and by recording of the written instrument of revocation, suspension or termination in the office of the recorder or auditor in each county known to the principal where this power of attorney has been recorded.

6. Reliance. My attorney-in-fact and all persons dealing with my attorney-in-fact shall be entitled to rely upon this power of attorney so long as neither my attorney-in-fact nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney had 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 my heirs, devisees, legatees or personal representatives.

7. Indemnity. My estate shall hold harmless and indemnify my attorney-in-fact from all liability for acts done in good faith and not in fraud of the principal.

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