



201004230105

Skagit County Auditor

4/23/2010 Page 1 of 6 3:41PM

**WHEN RECORDED RETURN TO:**

Carol L. Crawford  
10728 Vernon Road  
Lake Stevens, WA 98258

*135976-sal*

LAND TITLE OF SKAGIT COUNTY

**DOCUMENT TITLE(S):**

Durable Power of Attorney

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTORS:**

Carol L. Crawford

**GRANTEES:**

Deane A. Brazas

**ABBREVIATED LEGAL DESCRIPTION:**

Unit 306, Skyline 1800, Condo

**TAX PARCEL NUMBER(S):**

P82582/4448-000-306-0003

## **DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I, Carol L. Crawford, currently residing at Anacortes, Skagit County, Washington, do by these presents hereby make, constitute and appoint as my true and lawful Attorney-in-Fact the individual designated below on the terms and conditions hereinafter set forth. I hereby revoke in their entirety any previous Powers of Attorney that I may have executed prior to the execution of this Power of Attorney.

1. DESIGNATION OF ATTORNEY-IN-FACT

I hereby nominate and appoint as my Attorney-in-Fact my son, Deane A. Brazas

2. EFFECTIVE DATE OF POWER OF ATTORNEY

This Durable Power of Attorney shall be effective upon execution and shall not be affected by the disability or incompetence of the principal. Disability shall include the inability of Carol L. Crawford to manage her property and affairs effectively for reasons such as, but not limited to, disappearance, mental illness, mental deficiency, physical illness or disability, advanced age or confinement.

3. POWER OF ATTORNEY-IN-FACT

My Attorney-in-Fact is authorized to perform any legal activity I may do myself and I grant and give unto said Attorney-in-Fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted, with power to do and perform all acts authorized hereby, as fully and to all intents and purposes as I might or could do if personally present. I give my attorney-in-fact the power to make gifts of my real and/or personal property to my spouse, my children, and/or my stepchildren regardless of the fact that any of the said individuals may be my Attorney-in-Fact.

My Attorney-in-Fact is specifically authorized to cancel any Community Property Agreement that I have entered into with my spouse should the need arise to cancel the said Community Property Agreement. My Attorney-in-Fact is given unlimited discretion with regard to the decision as to whether or not my Community Property Agreement entered into with my spouse should be canceled.

My Attorney-in-Fact, as fiduciary, shall have all the powers of an absolute owner of my assets and liabilities whether located within or without the State of Washington.

My Attorney-in-Fact shall have all powers as are necessary or desirable to provide for my support, maintenance, health, emergencies and urgent necessities.



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Without limiting the powers hereinbefore stated, my Attorney-in-Fact shall have the powers to buy, sell, convey, encumber and in any and every way and manner deal in and with real property, personal property and/or securities and to release mortgages on land, to purchase and/or convey real estate, to sign, execute, acknowledge and deliver such deeds, agreements, mortgages and deeds of trust and other encumbrances pertaining to real estate and satisfaction of real and chattel mortgages, judgments and other debts, and such other instruments in writing, of whatsoever kind or nature, as may be necessary or proper in the premises.

My Attorney-in-Fact is authorized to receive, enforce and collect checks or drafts payable to the order of the undersigned, drawn on the treasurer of the United States, on the treasurer of any state or checks drawn on any other account.

My Attorney-in-Fact shall have power to execute in the name of and on behalf of the undersigned, to the extent authorized by law, all bonds, indemnities, applications or other documents, which may be required by law or regulation to secure the issuance of substitution for such checks, and to give full discharge for the same.

I hereby specifically authorize my Attorney-in-Fact to do the following acts:

1. To make, amend, alter, or revoke any of the principal's life insurance, annuity, or similar contract beneficiary designations, employee benefit plan beneficiary designations, trust agreements, registration of the principal's securities in beneficiary form, payable on death or transfer on death beneficiary designations, designation of persons as joint tenants with right of survivorship with the principal with respect to any of the principal's property, community property agreements, or any other provisions for nonprobate transfer at death contained in nontestamentary instruments described in RCW 11.02.091.
2. To make any gifts of property owned by the principal.
3. To make transfers of property to any trust (whether or not created by the principal) unless the trust benefits the principal 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 property.
4. To make any transfer of any assets not prohibited under RCW 74.09, or its successor, when the transfer is for the purpose of qualifying myself for medical assistance and/or the limited casualty program for the medically needy.

4. HEALTH CARE

(a) Creation of Durable Power of Attorney for Health Care

I intend to create a Power of Attorney (Health Care Agent) by appointing the person or persons designated herein as my Attorney-in-Fact to make health care decisions for me to the same extent that I could make such decisions for myself if I was capable of doing so, as



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recognized by RCW 11.94.010. This designation becomes effective when I cannot make health care decisions for myself as determined by my attending physician or designee, such as if I am unconscious, or if I am otherwise temporarily or permanently incapable of making health care decisions. The Health Care Agent's power shall cease if and when I regain my capacity to make health care decisions.

(b) Designation of Health Care Agent and Alternate Agents

If my attending physician or his or her designee determines that I am not capable of giving informed consent to health care, I designate and appoint my Attorney-in-Fact named herein as my Attorney-in-Fact (Health Care Agent) by granting said Health Care Agent the Durable Power of Attorney for Health Care recognized in RCW 11.94.010 and authorizing said Health Care Agent to consult with my physicians about the possibility of my regaining the capacity to make treatment decisions and to accept, plan, stop, and refuse treatment on my behalf with the treating physicians and health personnel.

(c) General Statement of Authority Granted

My Health Care Agent is specifically authorized to give informed consent for health care treatment when I am not capable of doing so. This includes but is not limited to consent to initiate, continue, discontinue, or forego medical care and treatment including artificially supplied nutrition and hydration, following and interpreting my instructions for the provision, withholding, or withdrawing of life-sustaining treatment, which are contained in any Directive to Physicians I may have executed or elsewhere, and to receive and consent to the release of medical information. When the Health Care Agent does not have any stated desires or instructions from me to follow, said Health Care Agent shall act in my best interest in making health care decisions.

The above authorization to make health care decisions does not include the following absent a court order:

- (1) Therapy or other procedure given for the purpose of inducing convulsion;
- (2) Surgery solely for the purpose of psychosurgery;
- (3) Commitment to or placement in a treatment facility for the mentally ill, except pursuant to the provisions of Chapter 71.05 RCW;
- (4) Sterilization.

I hereby revoke any prior agents or Durable Power Of Attorney for health care.

5. DURATION OF POWER OF ATTORNEY

This Power of Attorney shall remain in effect to the extent permitted by the Revised Code of Washington and any and all amendments thereto, notwithstanding any uncertainty as to



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whether the principal is dead or alive. The death of the undersigned shall be deemed to revoke this Power of Attorney upon proof of death being received by the Attorney-in-Fact.

This Power of Attorney may be revoked, suspended or terminated in writing by the undersigned with written notice to each Attorney-in-Fact nominated above and by recording the written instrument of revocation in the office of the auditor of Skagit County, Washington.

6. ACCOUNTING

The Attorney-in-Fact shall be required to account to any subsequently appointed guardian of the estate of the undersigned, if required by said guardian, and shall be required to account to the personal representative of the estate of the undersigned, if required by said personal representative.

7. RELIANCE OF POWER OF ATTORNEY

A designated and acting Attorney-in-Fact and all persons dealing with said Attorney-in-Fact shall be entitled to rely upon this Power of Attorney so long as neither the Attorney-in-Fact, or person with whom he was dealing with at the time of any action taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of the revocation or termination of the power by death or otherwise, and any action so taken, unless or otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the undersigned.

8. COMPENSATION OF ATTORNEY-IN-FACT

The Attorney-in-Fact shall be entitled to receive compensation for services rendered at the standard rate applicable for such services in Skagit County, Washington.

9. RELEASE OF ATTORNEY-IN-FACT

The undersigned, the guardianship estate of the undersigned and the personal representative of the undersigned, shall hold harmless and indemnify the Attorneys-in-Fact from all liability for acts done in good faith and not in fraud on behalf of the undersigned.

10. LAWS OF INTERPRETATION

The laws of the State of Washington shall govern this Power of Attorney and any disputes arising hereunder.



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