



201202060086

Skagit County Auditor

2/6/2012 Page

1 of

4 1:13PM

**WHEN RECORDED RETURN TO:**

Connie Lynn Wigle  
44625 151<sup>st</sup> Place  
North Bend, WA 98045  
LAND TITLE OF SKAGIT COUNTY

141153-0E

**DOCUMENT TITLE(S):**

Durable Power of Attorney

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

**GRANTOR:**

MARY V. WIGLE

**GRANTEE:**

CONNIE LYNN WIGLE

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 701, Shelter Bay Div. 4

**TAX PARCEL NUMBER(S):**

5100-004-701-0000, P84698

Filed for record at the request of:

---

---

---

---

**DURABLE POWER OF ATTORNEY**

I, Mary Wigle, resident of the State of Washington, revoke any powers of attorney I may have given in the past and give Connie Lynn Wigle (referred to below as "the agent") a durable power of attorney. I intend that it not be limited by any disability I may have in the future.

**1. POWERS**

A. The agent shall act on my behalf and for my benefit, and shall have all powers over my estate that I have or acquire. These shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell, convey or encumber any real or personal property.

B. The agent shall have the power to consent to, or to withhold consent from, medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health and comfort; the agent shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

C. I authorize the agent to revoke any community property agreement and to transfer any property to my spouse as a gift. MM (Initial here if revocation of a community property agreement and gifts to a spouse are authorized. If they are not authorized, cross out all of paragraph C.)



201202060086  
Skagit County Auditor



**4. NOMINATION OF GUARDIAN**

I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced.

**5. SUBSTITUTE AGENT**

I appoint Deborah Mann to serve as substitute agent in place of the agent named in paragraph 1 above, if the agent named in paragraph 1 is unable or unwilling to serve. A statement signed by the substitute agent, affirming that the agent named in paragraph 1 is unable or unwilling to serve shall be sufficient to establish that the agent is unable or unwilling to serve.

(If no substitute agent is named, this paragraph should be crossed out.)

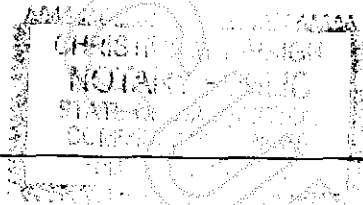
Dated: 1/21/2010

Mary V. Wigle

On 1/21/2010, a person I know to be Wigle, Mary V. appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated: 1/21/2010  
Christina M. Rainey

Notary Public, State of Washington,  
residing at: Skagit County  
Commission expires: 2/19/2011



201202060086  
Skagit County Auditor