

201304180033

Skagit County Auditor

4/18/2013 Page

1 of

9 9:26AM

RETURN DOCUMENT TO:Service Link4000 Industrial Blvd.Aliquippa, PA 15001*Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047***DOCUMENT TITLE(S):****Attorney In Fact Affidavit for POA****AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S)
BEING ASSIGNED OR RELEASED:**

Additional reference numbers can be found on page _____ of document.

GRANTOR(S):**Julie Kaslik**

Additional grantor(s) can be found on page _____ of document.

GRANTEE(S):**Matthew D. Kaslik**

Additional grantee(s) can be found on page _____ of document.

**ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr,
section, township and range OR; unit, building and condo name.)****Lot 52, Plat of Seaview Division No. 4**

Additional legal(s) can be found on page _____ of document.

ASSESSOR'S 16-DIGIT PARCEL NUMBER:**P115962**

Additional numbers can be found on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

RECORDING REQUESTED BY
ServiceLink
4000 Industrial Blvd.
Aliquippa, PA 15001

WHEN RECORDED MAIL TO:
MATTHEW KASLIK
3928 HARBOR PL
ANACORTES, WA 98221-8299
Order No: 3055907

Attorney-In-Fact Affidavit for Power of Attorney

**THIS IS AN AFFIDAVIT MADE UNDER OATH. THE MAKING OF A FALSE STATEMENT WILL
SUBJECT THE AFFIANT TO SEVERE CRIMINAL PENALTIES.**

State of WA SS
County of Pierce

BEFORE ME, the undersigned authority, personally appeared affiant, **JULIE KASLIK** whose post office address is 3508 197TH AVE LAKE TAPPS WA 38391, who being by me first duly sworn on oath, deposes and says:

1. On the 27 day of June, 2003, MATTHEW D KASLIK (the "Principal") executed a Power of Attorney appointing me as Attorney-In-Fact. If said Power of Attorney is recorded, the recording information for said Power of Attorney is as follows: Power of Attorney recorded Auburn, in King County records at State of Washington
2. The Principal was of sound mind and of legal age at the time the Power of Attorney was executed.
3. The Principal has not revoked the Power of Attorney.
4. The Principal has not been adjudged mentally incapacitated, nor has a petition to determine the competency of the Principal been filed.
5. I have not received actual knowledge or actual notice of the death of the Principal, nor have I received notice of any facts indicating the Principal's death.

Further, the Affiant sayeth naught.


JULIE KASLIK

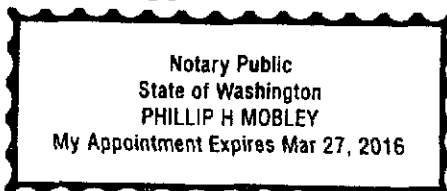
STATE OF Washington)
COUNTY OF Pierce) ss

On this, the 28th day of Nov., 2012, before me, Phillip H. Mobley, Notary Public, Notary Public in and for said County and State, personally appeared Julie Kaslik, personally known to me or proved to me on the satisfactory evidence, to be the person(s) whose name(s) is/are subscribed in the within instrument and acknowledged to me that he/she/they executed the name in his/her/their authorized capacity and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) noted, executed the instrument.

Witness my hand and Official Seal:

My commission expires: 03-27-2016


Notary Public



201304180033
Skagit County Auditor

201210310953 MMCKENZ
10/31/2012 02:50:50 PM \$78.00
AUDITOR, Pierce County, WASHINGTON

Ticor 649951
WHEN RECORDED RETURN TO:

NAME: Johnson Law Office
ADDRESS: 220 First Street NE
CITY, STATE, ZIP: Arbuck, WA 98002



TICOR TITLE COMPANY

600 SW 39th Street #100 - Renton, Washington 98055

DOCUMENT TITLE(s)

1. Power of Attorney
- 2.
- 3.
- 4.

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ Additional numbers on page _____ of document

GRANTOR(s):

1. Matthew D. Kaslik
- 2.
- 3.

☐ Additional names on page _____ of document

GRANTEE(s):

1. Julie K. Kaslik
- 2.
- 3.

☐ Additional names on page _____ of document

LEGAL DESCRIPTION

Lot-Unit: 117 Block: _____ Volume: 59 Page: _____
Section: _____ Township: _____ Range: _____
Plat Name: Tapps Island Division # 3

☐ Additional legal description is on page 7 of document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

899603-117-0
☐ Additional tax accounts numbers is on page _____ of document

The Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

STATE OF WASHINGTON, County of Pierce
ss: I, Julie Anderson, of the above
entitled county, do hereby certify that this
forgoing instrument is a true and correct copy
of the original now on file in my office.
IN WITNESS WHEREOF, I hereunto set my
hand and the Seal of Said County.

By: [Signature] Deputy
Date: 11-27-12

201304180033
Skagit County Auditor

JOHNSON LAW OFFICE
220 First Street N.E.
Auburn, Washington 98002-5052
(253) 833-8100

GENERAL DURABLE POWER OF ATTORNEY

I, MATTHEW D. KASLIK, do hereby appoint JULIE K. KASLIK to be my true and lawful Attorney-in-Fact to act in my name and for my benefit.

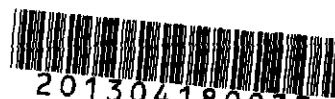
FOR THE FOLLOWING PURPOSES:

1. Accounts Receivable: To demand, sue for, recover, collect and receive all sums of money, debts, accounts, legacies, rents, interest, dividends, annuities, insurance proceeds and other intangible amounts which are now due or shall hereafter become due, and which belong to me and to use all lawful means for the recovery thereof, and to compromise and settle any claims for funds due me.

2. Accounts Payable: To pay any just and lawful debt, account, rent, interest, principal, judgments or other demands which are now due or may hereafter become due, owing or payable by me.

3. Real Estate: To agree to purchase or sell any real estate or interest therein by written earnest money agreement or other written document, to take possession of any real estate owned by me by any lawful means and to institute suit for such possession if necessary. My Attorney-in-Fact shall have the right to institute suit for unlawful detainer, foreclosure of mortgage or to quiet title and to forfeit any real estate contract or foreclose any deed of trust by judicial or nonjudicial means, to rent real estate for my use or rent any real estate belonging to me to others and execute any rental agreements or leases on my behalf, to plat, subdivide and develop any real estate owned by me and to dedicate any plat, street, alley or public way, to authorize any contract for any improvements to, or repairs to, real estate owned by me. To carry out the terms of this paragraph and without limiting the authority of my Attorney-in-Fact, my Attorney-in-Fact shall have the authority to execute any and all documents on my behalf, including but not limited to, deeds of conveyance, deeds of trust, escrow instructions, collection instructions, closing statements and loan applications.

4. Personal Property: To agree to purchase or sell any personal property or interest therein by bill of sale or other appropriate document, to rent personal property for my use or rent personal property belonging to me to others and execute any rental agreements or leases on my



behalf, to take possession of any personal property owned by me by any lawful means and to institute suit for such possession, if necessary, to authorize and contract for any improvements to, or repairs to, personal property owned by me.

5. Securities: To purchase or sell any stocks, bonds or other securities or any interest therein and in that regard to endorse any stock certificates, stock powers, affidavits of domicile or other documents necessary to effect the transfer of such property or interest, to take possession of any stock certificate, bond or other security or register same in the name of any stock broker or stock brokerage account.

6. Loans and Investments: To loan and invest any monies now in my possession or hereafter acquired by me and to accept any note, mortgage, deed of trust or security interest in any tangible or intangible personal property as my Attorney-in-Fact shall think fit and to release, satisfy or reconvey, in whole or in part, any such security interest.

7. Borrowing: To borrow any funds in my name, secured or unsecured, in such amount and upon such terms and conditions as my Attorney-in-Fact shall think fit, and to execute any note, mortgage, deed of trust, or security interest in any tangible or intangible personal property granting the lender a security interest in my property in such manner as my Attorney-in-Fact shall think fit.

8. Bank Accounts: To make deposits to, and withdrawals from, and to open and close any savings or checking account or any certificate of deposit or money market fund in my name alone, or in my name and the names of others, and to carry out the terms of this paragraph, to endorse my name on any check, draft or money order for deposit into such account.

9. Safe Deposit Box: To have access to the contents of any safe deposit box in my name or in my name and the name of others.

10. Right To Make Gifts: That such power shall include the right to make gifts to any lawful descendant of mine. In making any such gift, my Attorney-in-Fact shall consider a pattern of giving established by me, my ability to continue making such gift or gifts, my continued health and well-being, the impact of inflation upon the gifts, reduction of death taxes at the time of my death and other estate planning considerations. This shall include the right to change ownership of any insurance policy I own, and the power to alter any estate plan that I may have. My Attorney-in-Fact shall have the authority to make any transfer of resources not prohibited by Law for the purpose of qualifying the principal for medical assistance or the limited casualty program for the medically needy. My Attorney-in-Fact shall not breach any fiduciary duty to me by reason of gifts made or withheld in good faith. The Attorney-in-Fact shall be expressly authorized to revoke, on the Principal's behalf, any Community Property Agreement which Principal and Principal's spouse may have jointly executed.

11. Disclaimers: My Attorney-in-Fact is authorized to disclaim pursuant to the laws of the State of Washington and the Internal Revenue Code all or any assets, property or



interests to which I might be entitled as a beneficiary. In disclaiming, my Attorney-in-Fact may rely with acquittance on the advice of my Attorney regarding my estate planning objectives.

12. Guardian: In the event it is necessary to appoint a guardian or limited guardian for my person or estate, I appoint JULIE K. KASLIK for that purpose.

13. Medical and Surgical Care Decisions:

(a) General Statement of Authority Granted: The Attorney-in-Fact shall have full power and authority to make health care decisions for the principal to the same extent that the Principal could make such decisions for the Principal if the Principal had the capacity to do so. In exercising this authority, the Attorney-in-Fact shall make health care decisions that are consistent with the Principal's desires as stated in this document or otherwise made known to the Attorney-in-Fact, including, but not limited to, the following:

(1) To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

(2) To authorize the admission to or discharge from (even if against medical advice) any hospital, nursing home, residential care, assisted living or similar facility or service;

(3) To contract on behalf of the principal for any health care related service or facility;

(4) To hire and discharge medical, social service, and other support personnel responsible for the care of the principal;

(5) To give the Attorney-in-Fact first priority in visitation should the principal be a patient in any hospital, health care facility, hospice or institution and should the principal be unable to express a preference because of the principal's illness or disability;

(6) To authorize any medical or procedures intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, the death of the principal;

(7) To take possession of all personal property belonging to the principal that may be recovered from or about the person of the principal at the time the principal's illness, disability or death; and

(8) To take any other action necessary to do what is authorized herein, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advise, and pursuing any legal action in the



name of the principal and at the expense of the principal's estate to force compliance with the principal's wishes.

(b) **Inspection and Disclosure of Information Relating to the Principal's Physical and Mental Health:** Without limiting the general powers granted in this instrument, the Attorney-in-Fact has the power and authority to do all of the following:

(1) Request, review, and receive any information, verbal or written, regarding the Principal's physical or mental health, including, but not limited to, medical and hospital records;

(2) Execute, on the Principal's behalf, any releases or other documents that may be required in order to obtain the above information.

(c) **Signing of Documents, Waivers, and Releases:** Where necessary to implement the health care decisions the Attorney-in-Fact is authorized by this document to make and execute on the Principal's behalf, all of the following:

(1) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

(2) Any necessary waiver or release from liability required by a hospital, health care facility or physician.

(d) **Prior Designations Revoked:** This durable power of attorney revokes any prior durable power of attorney for health care executed by the Principal.

14. **All Powers:** By the execution of this General Durable Power of Attorney, it is my intention that my Attorney-in-Fact have all powers to do all things that I might do if personally present, and my incompetency shall not affect the power herein granted.

15. **Termination:** Notwithstanding any uncertainty as to whether I am alive or dead, this power of attorney shall continue in effect to the extent permitted by law until revoked or terminated.

While competent, I may revoke this power of attorney by written notice to my Attorney-in-Fact and by recording a document of revocation in the office of the Auditor of King County, Washington.

The appointment of a guardian of my estate shall vest in that guardian, with court approval, the power to revoke, suspend or terminate this power of attorney. A guardian of my person only shall not have such power.



My death shall revoke this power of attorney only at such time as my Attorney-in-Fact receives actual written notice.

The filing of a Petition for Dissolution of Marriage or legal separation shall automatically revoke and terminate this Power of Attorney as to my spouse.

16. Reliance: As long as neither my Attorney-in-Fact nor any person dealing with my Attorney-in-Fact has, at the time of any act taken pursuant to this power of attorney, received actual knowledge or written notice of revocation or termination of this power of attorney by death or otherwise, my Attorney-in-Fact and persons dealing with my Attorney-in-Fact shall be entitled to rely upon this power of attorney.

17. Indemnity: My estate shall hold harmless and indemnify my Attorney-in-Fact from any and all liability for acts performed in good faith. This indemnification shall not extend to any negligence or willful wrongdoing by my Attorney-in-Fact.

18. Governing Law: The terms of this power of attorney shall be governed by the laws of the State of Washington.

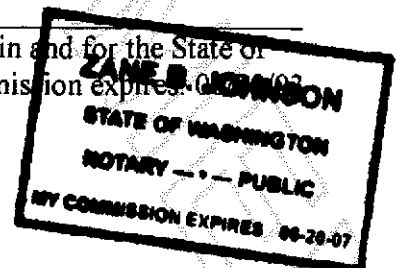
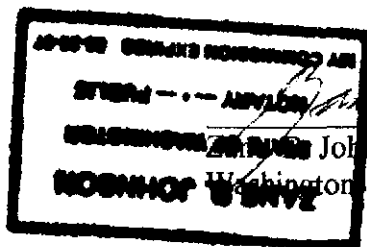
DATED this 27 day of JUNE, 2003.


MATTHEW D. KASLIK

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

ON THIS DAY personally appeared before me, MATTHEW D. KASLIK, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 27 day of June, 2003.



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201304180033
Skagit County Auditor

Commitment No. 6499951-E

LEGAL DESCRIPTION
SCHEDULE A CONTINUED

The land referred to in this Commitment is described as follows:

LOT 117, TAPPS ISLAND DIVISION NO. 3, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 59 OF PLATS, PAGES 4 THROUGH 7, INCLUSIVE, RECORDS OF PIERCE COUNTY, WASHINGTON.

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