



Skagit County Auditor
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\$74.00

When recorded return to:

Craig Sjostrom
1204 Cleveland Ave.
Mount Vernon, Washington 98273

Durable Power of Attorney

Grantor: Kristen H. Danner

Grantee: Craig Sjostrom

Legal Description: Lots 1, 2 & W ½ Lot 3, Kellogg & Ford's Addition to Anacortes

Assessor's Property Tax Parcel or Account No.: P57682

Reference Nos of Documents Assigned or Released: N/A

DURABLE POWER OF ATTORNEY FOR ALL PURPOSES

KNOW ALL MEN BY THESE PRESENTS, that I, Kristen H. Danner, have made, constituted and do by these presents make, constitute and appoint my friend Craig Sjostrom as my attorney-in-fact for me and in my name and stead, to perform any act, commitment or engagement on my behalf, or in the case of his inability I wish to appoint my friend Theresa Campbell to act in that capacity.

I hereby give and grant to my said attorney-in-fact all power to do any act which I might do if personally present and acting in connection with any matter, specifically including, but not limited to, the right to execute any documents, to communicate with any person, and take any and all other actions concerning the real property located at 2901 B Ave., Anacortes, WA 98221; and also to draw upon any bank accounts that I may have, both checking and savings accounts or savings and loan accounts, and to execute such documents as may be required to sell or transfer such securities as I may have, whether listed upon an exchange or not, and said financial institutions and/or transfer agents shall not be required to assure themselves that said funds or assets are properly applied. I shall hold harmless any person who may act in reliance upon the authority granted to my said attorney-in-fact hereby.

I hereby give to my attorney-in-fact the power to make health care decisions on my behalf if I am unable to do so, including giving informed consent to health care providers. Included in this power is the authority to make decisions about life-prolonging medical procedures, such as (but not limited to) a respirator, placement or removal of tubes to provide nutrition or hydration; antibiotics, and cardiopulmonary resuscitation. By completing this document, I intend to create a durable power of attorney for health care under chapter 11.94 of the Revised Code of Washington. It shall take effect upon my incapacity to make my own health care decision and shall continue during that incapacity to the extent permitted by law or until I revoke it.

The attorney-in-fact, referred to as "Personal Representative" and defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR § 164.502(g), is authorized to (a) obtain my Protected Health Information ("PHI") or other health information or medical records; (b) assist me in making healthcare-related decisions; and (c) be treated as though the attorney-in-fact is the patient for purposes of releasing information. This section shall be interpreted to specifically allow for the release to the attorney-in-fact of any information subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d and 45 CFR §§ 160-164.

The attorney-in-fact shall further be authorized by this Power of Attorney, and pursuant to RCW 70.02.030, to obtain all medical information and/or records in the possession of any or all of my medical care providers. This release terminates upon my death, revocation of this Power of Attorney, or upon appointment of a guardian for myself.

This Power of Attorney shall not be affected by my disability.



If guardianship proceedings are initiated to appoint a person as guardian of my person and/or estate, whether the same be limited or general, then Teresa Campbell (or her husband Frank Campbell, in the case of her inability) is hereby nominated to be said Guardian. Under no circumstances do I wish either of my parents, namely Ronald Ellis or Aradina Ellis, my brother, Steven Ellis, and/or my sister-in-law Dorothy Ellis to act either as my Guardian or as a substitute attorney-in-fact hereunder.

This Power of Attorney shall remain in force and effect until revoked by the undersigned in writing, and hereby revokes that power of attorney granted by me and dated December 14th, 2012.

The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney-in-fact, nor the person with whom he or she was dealing at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise, and any action so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representatives.

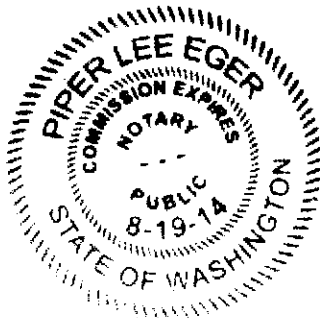
DATED: 9/12/13


KRISTEN H. DANNER

STATE OF WASHINGTON)
(ss.
COUNTY OF SKAGIT)

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

DATED: 9/12/2013



Piper H. Eger
NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON,
Residing at Mount Vernon
My commission expires: 8/19/19
Printed Name: Piper H. Eger

DURABLE POWER OF ATTORNEY
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