

**WHEN RECORDED RETURN TO:**

Barbara Jean Couvion and Thomsa Garvin Couvion  
3395 Old Hwy 99 Street N  
Burlington, WA 98233



201407210119

Skagit County Auditor

\$75.00

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CHICAGO TITLE

620021660

**DOCUMENT TITLE(S)**

Durable Power of Attorney

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

**GRANTOR(S):** Thomas Couvion

**GRANTEE(S):** Barbara Couvion

**ABBREVIATED LEGAL DESCRIPTION:**

Lot(s): LOT 1 Subdivision: SKAGIT COUNTY SHORT PLAT NO. 02-0085

**TAX PARCEL NUMBER(S):** P119463 / 360420-2-009-0200

SEP 28 8 33 AM '87

BY THE DIVISION OF  
RECORDS & ELECTIONS  
KING COUNTY

DURABLE POWER OF ATTORNEY

1. **DESIGNATION.** I THOMAS G. COUVION, residing in the State of Washington, as a principal, hereby designate the herein named persons, in the alternative, in order of preference, as attorney in fact, to act for me if I hereafter become disabled or incompetent: My spouse, BARBARA COUVION; my son, STEVEN COUVION; or my daughter, DENISE ALCANTARA.

2. **EFFECTIVENESS.** This power of attorney shall become effective upon my disability or incompetence. Disability means the inability to manage my property or affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, significant use of drugs or medications, confinement by a foreign power or disappearance. Disability may be evidenced by a written statement of a physician regularly attending me. Incompetency may be established by a finding of court.

3. **POWERS.** The attorney in fact, as fiduciary (trustee), shall have all the powers of an absolute owner over my assets and liabilities, wheresoever situated, and shall have all the necessary or useful powers to provide for my support and maintenance. My attorney in fact shall not have authority to transfer any account of mine held in my own separate name, without the written consent of STEVEN COUVION and DENISE ALCANTARA, if they are then living and competent.

4. **TERMINATION.** This power shall remain in effect notwithstanding any doubt as to whether I am dead or alive. This power may be revoked in writing by me, without notice to the other named persons, by recording the written instrument of revocation in the same public office where this power is recorded. My death shall be deemed to revoke this power upon proof of death being received by the attorney in fact. If court proceeding for protection of my person or estate are ever commenced, the persons named herein as attorneys-in-fact are hereby nominated to serve as guardian or limited guardian, in the same order of preference.

5. **RELIANCE.** The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely on this power, and on any determination of disability or incompetence hereunder, so long as neither person has received actual knowledge or notice of any revocation or termination of this power.

The law of the State of Washington shall govern this power which is executed this day: September 23, 1987

*Thomas G. Couvion*  
THOMAS G. COUVION

87/09/28

#0134 A

REC'D F  
CASHAL

\$5.00

\*\*\*\$5.00  
55

STATE OF WASHINGTON )

) ss.

COUNTY OF KING )

On this day personally appeared before me the undersigned Notary Public in and for the State of Washington, THOMAS G. COUVION, to me known to be the individual named in and who executed the foregoing power of attorney, and acknowledged to me that it was signed as the free and voluntary act and deed of that person for the uses and purposes therein mentioned.

Given under my hand and seal this date: September 23, 1987

*Jennifer Anderson*  
NOTARY PUBLIC for WA. State  
My Commission Expires: 7/13/88

THOMAS M. BLAKE  
ATTORNEY AT LAW  
12727 Renton Ave. S.  
Seattle, WA 98178  
(206) 772-2880



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8709280134

Filed by Chicago Title Insurance Co.

Ref. #

61-7413-1

**Thomas M. Blake**  
Attorney At Law  
12727 Haddon Ave. South  
Seattle, Wash. 98176  
772-2880



**\$75.00**

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UNOFFICIAL DOCUMENT

Janet Smith Representative of  
the King County Archives, Records and Legislative Services  
Division, Department of Executive Services, King County,  
Washington, do hereby certify that the foregoing copy of  
8709240134 consisting of 2 page(s)  
has been compared with the original instrument on file and of  
record in our custody and is a true and correct copy of said  
original.

Janet Smith  
Signed Date 7-10-2014



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