



201508140025

Skagit County Auditor \$128.00
8/14/2015 Page 1 of 7 9:26AM

WHEN RECORDED RETURN TO:

Haegele Family Trust
915 Taylor Street
Port Townsend, WA 98368

DOCUMENT TITLE(S):
Contingen Durable General/Financial Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Sheila M. Haegele

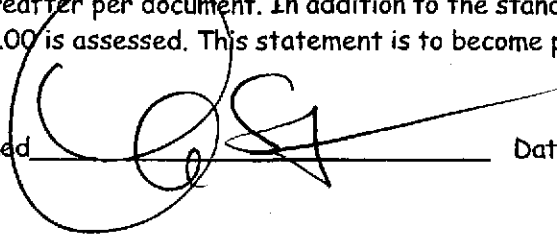
GRANTEES:
Jill Dickson

Land Title
153032 -
DAE

ABBREVIATED LEGAL DESCRIPTION:

TAX PARCEL NUMBER(S):
P59798/3824-000-138-0003

I CHRISTI P. STRAATHA am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$72.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed  Dated 8/12/15

**CONTINGENT DURABLE GENERAL/FINANCIAL
POWER OF ATTORNEY
OF
SHEILA M. HAEGELE**

1. **Designations; Revocation of Previous Powers of Attorney.** I, SHEILA M. HAEGELE, being of sound mind, hereby designate my husband, JERALD R. HAEGELE, as my Attorney-in-fact. I designate my daughter, JILL DICKSON, currently residing at 915 Taylor Street, Port Townsend, Washington 98368 (Phone: 360-379-1892), as alternate Attorney-in-fact, to act as my Attorney-in-fact at any time that my wife is unable or unwilling to act. I designate my daughter, ROBERTA CAMPBELL, currently residing at 4208 Loma Riviera Lane, San Diego, California 92110-5516 (619-523-6207), as second alternate Attorney-in-fact, to act as my Attorney-in-fact at any time that each of the foregoing is unwilling or unable to act as such. To the extent that these appointments are inconsistent with any prior appointments, the terms of these appointments shall be deemed to revoke such prior appointments.

2. **Effectiveness; Duration**

This power of attorney shall become effective upon receipt by the Attorney-in-fact of written notice of my incapacity and shall remain in effect only as long as I remain incapacitated.

"Incapacitated" or "incapacity" shall refer to the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance.

If the incapacity is because of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, or chronic intoxication, then the written notice shall be signed by my regularly attending physician, and if there be not such physician regularly attending me, then signed by two qualified physicians who have examined me.

If the incapacity is because of confinement, detention by a foreign power or disappearance, a qualified person with personal knowledge of those facts shall sign the written notice.

Notwithstanding the foregoing, any primary or alternate Attorney-in-fact named in this instrument is authorized immediately, without making any showing that I am incapacitated, to receive HIPAA-protected health information for purposes of establishing whether or not I am incapacitated.

3. **Purposes.** My Attorney-in-fact is granted the powers described herein for purposes of providing for my support, maintenance, health, emergencies, and urgent necessities during any time that I am temporarily or permanently unable to handle my own affairs effectively.

4. **Powers with Respect to my Property.** Subject to the Limitations described in paragraph 5, below, my Attorney-in-fact, as a fiduciary acting on my behalf, shall have all of the power and authority of an absolute owner over my assets and liabilities, whether located within or without the State of Washington, including but not limited to the following:

(a) **Real Property.** My Attorney-in-fact shall have authority to purchase, take possession of, lease, sell, convey, exchange, mortgage, release and encumber real property or any interest in real property.

(b) **Personal Property.** My Attorney-in-fact shall have authority to purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage and pledge personal property or any interest in personal property.

(c) **Financial Accounts.** My Attorney-in-fact shall have the authority to deal with accounts maintained by me or on my behalf with financial institutions, including, without limitation, banks, savings and loan associations, credit unions and brokerages. My Attorney-in-fact's authority shall include the authority to open and close accounts, to buy and sell securities, savings bonds, and certificates of deposit, to make deposits, transfers, and withdrawals, to write checks, and to order the issuance of bank checks such as cashier's checks. Subject to any limitations expressed in Section 5 of this document, this authority shall extend to individual accounts and joint accounts, including but not limited to accounts with beneficiary designations such as retirement accounts, payable- or transfer-on-death accounts, or joint tenancy accounts with rights of survivorship.

(d) **United States Treasury Bonds.** My Attorney-in-fact shall have authority to purchase and redeem United States Treasury Bonds.

(e) **Moneys Due.** My Attorney-in-fact shall have authority to request, demand, recover, collect, endorse and receive all moneys, debts, accounts, gifts, bequests, dividends, annuities, rents, and payments due me.

(f) **Claims Against Me.** My Attorney-in-fact shall have authority to pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against me and, in so doing, may use any of my funds or other assets, or may use the funds or other assets of the Attorney-in-fact and obtain reimbursement out of my funds or other assets.

(g) **Legal Proceedings.** My Attorney-in-fact shall have authority to prosecute, defend, or participate in any legal action in my name or otherwise.

(h) **Tax Matters.** My Attorney-in-fact shall have authority to prepare, or arrange for the preparation of all federal and state income tax and gift tax returns on my behalf, to execute and file such returns, and to pay any taxes that may be due. My Attorney-in-fact shall also have the authority to represent me with respect to audits, appeals, and lawsuits related to any income or gift tax return filed on my behalf, and to pay any assessments for interest or penalties levied against me in connection with such tax returns.

(i) **Written Instruments.** My Attorney-in-fact shall have the power and authority to sign, seal, execute, deliver and acknowledge all written instruments and do and perform each and every act and thing whatsoever which may be necessary or proper in the exercise of the powers and authority granted to my Attorney-in-fact as fully as I could do if personally present.

(j) **Safe Deposit Box.** My Attorney-in-fact shall have the authority to enter any safe deposit box in which I have a right of access.

(k) **Transfers to Trust.** My Attorney-in-fact shall have the authority to transfer assets to any trust I have created that directs the distribution of my assets at my death, to any trust for my sole benefit that provides for termination upon my death with the proceeds distributable to my estate, or to any trust if such transfer is consistent with the gifting authority described below.

(l) **Disclaimer.** My Attorney-in-fact shall have the authority to disclaim any interest, as defined in RCW 11.86.010, in any property to which I would otherwise succeed and to decline to act or resign if appointed or serving as an officer, director, executor, trustee, or other fiduciary.

(m) **Gifts.** To the extent that my Attorney-in-fact determines it to be in my best interests, he or she shall have the power to make gifts of my assets during my lifetime to the beneficiaries named in my Will or trust, in proportion to the respective shares of my estate to which those beneficiaries would be entitled if I died on the date of the gift. HOWEVER, any such gifts must either be consistent with my previous pattern of gifting or made for purposes of qualifying me for government benefits, such as those available through the Medicaid or COPES programs. Unless my spouse is then acting as Attorney-in-fact, any gifts made by the Attorney-in-fact to himself or herself shall be applied only for the Attorney-in-fact's health, maintenance, education, or support.

(n) **Medicare & Health Insurance Matters.** My Attorney-in-fact shall have the same power and authority I have to deal with any and all Medicare and health insurance matters on my behalf.

5. **Limitations on Powers with Respect to my Property.** Except as specifically provided above, my Attorney-in-fact shall not have authority to make, amend, alter, or revoke, or create or change a beneficiary designation to my Will, any other document controlling the testamentary disposition of my property, or any agreement between my Spouse and me regarding the status of community or separate property. My Attorney-in-fact shall not have the power to exercise any power of appointment on my behalf. My Attorney-in-fact shall not have the authority to change the beneficiary designation on any asset, including but not limited to life insurance policies, employee benefit plans, retirement accounts, annuities, transfer on death accounts, or payable on death accounts, nor to add or remove owners to or from any joint tenancy account. These limitations shall not affect the authority of my Attorney-in-fact to disclaim an interest on my behalf.

6. **Termination.** This power of attorney may be terminated by:

(a) Written notice of revocation by me to my Attorney-in-fact and, if this power of attorney has been recorded, by recording of the written instrument of revocation in the office of the recorder or auditor where the power was recorded;

(b) A guardian of my estate after court approval of such revocation; or

(c) My death, upon actual knowledge or receipt of written notice by the Attorney-in-fact.

7. **Guardian.** It is my intent that this power of attorney will eliminate the need for a guardian for my estate; however, in the event a guardian for my estate should be appointed for any reason, I nominate the person then acting as my Attorney-in-fact as guardian of my estate, and his or her alternate(s) as standby guardian(s).

8. **Accounting.** Upon my request or upon request of the guardian or personal representative of my estate, my Attorney-in-fact shall account for all actions taken by him or her in that capacity.

9. **Reliance.** Any person acting without negligence and in good faith in reasonable reliance on this power of attorney shall not incur any liability thereby, and any such action, unless otherwise invalid or unenforceable, shall be binding upon my heirs and personal representatives.

10. **Indemnity.** My estate shall hold harmless and indemnify my Attorney-in-fact from all liability for acts done in good faith and not in fraud of me.

11. **Reimbursements.** My Attorney-in-fact shall be reimbursed for all costs and expenses reasonably incurred in such capacity, including but not limited to travel and lodging expenses. My Attorney-in-fact is further authorized to employ and compensate from my estate others to aid in the management of my assets, or the exercise of powers pursuant to this power of attorney, including, but not limited to lawyers, accountants, and financial advisors.

12. **Applicable Law.** The laws of the State of Washington shall govern this power of attorney. It is my intention, however, that this document shall be valid in any state and throughout the World, and that the invalidity of any provision herein under local law shall not affect the validity of the remainder of the document.

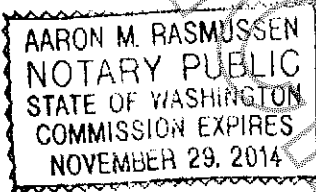
This Durable Power of Attorney is signed at Anacortes, Washington on this 3rd day of February, 2011.

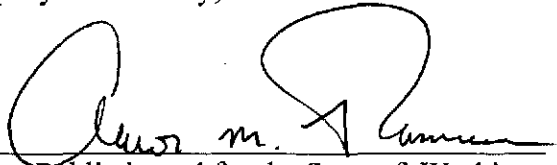

SHEILA M. HAEGELE

STATE OF WASHINGTON)
)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me SHEILA M. HAEGELE, to me known to be the individual described in and who executed the foregoing document, consisting of 5 pages, of which this is the last, and acknowledged that she signed said document as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 3 day of February, 2011.




Notary Public in and for the State of Washington,
residing at Anacortes.

My appointment expires 11-29-14

Jefferson
Healthcare

JEFFERSON HEALTHCARE CLINIC
915 Sheridan Ave Suite B103
Port Townsend WA 98368-2443
Phone: 360-379-8031
Fax: 360-344-0405

August 11, 2015

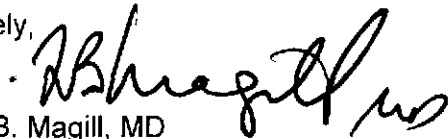
To whom it may concern,

Sheila Haegele is under my care for several chronic health conditions. She suffers from memory loss and dementia, and has exhibited worsening memory problems over the last several months-year. This has worsened to the point that she is unable to manage her daily affairs, including taking medications as instructed. She requires outside assistance for simple tasks such as shopping or bill payment.

Sheila is mentally incapacitated and **she is incompetent to manage her finances.**

Ms. Jill Dickson is her power of attorney and has been helping to manage her medical care and daily affairs. Ms. Dickson should now be allowed to serve as proxy and to sign legal documents for Sheila, as Sheila's mental competency is not sufficient to allow her to do this any longer.

Sincerely,



Frank B. Magill, MD

RE: Haegele, Sheila -- MRN#: 60004424682