

Skagit County Auditor 8/30/2016 Page

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\$75.00 3 1:28PM

WHEN RECORDED RETURN TO:

LAND TITLE AND ESCRÓW P.O. BOX 445 BURLINGTON, WA 98233

DOCUMENT TITLE(S):
GENERAL POWER OF ATTORNEY

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

ARLENE L. SOURBEER, as her separate property

Land Title and Escrow

GRANTEE:

MICHELLE HAVIST

ABBREVIATED LEGAL DESCRIPTION:

Lot 471, Shelter Bay Div. #3.

TAX PARCEL NUMBER(S): 5100-003-471-0000, P129268

General Power of Attorney

- I. Designation of Attorney-in-Fact. I, Arlene L. Sourbeer domiciled and residing in the State of Hawaii, but owning property in the State of Washington, hereby designate my daughter Michelle Havist as my attorney-in-fact, to act individually as needed for the management of my accounts and real property in Washington.
- II. Powers of Attorneys-in-Fact. My attorneys-in-fact, as fiduciary, shall have all powers of an absolute owner over my estate in the State of Washington, including all financial accounts, assets and liabilities.

This power specifically includes the power to open, become a signer on, make transactions on, and to close any financial account, including but not limited to, checking, savings, retirement, brokerage and investment accounts. Any account of any type opened or maintained in the State of Washington shall be subject to this power of attorney regardless of the nature of the assets, and without geographic limitation.

The power specifically includes the power to purchase, convey, mortgage, lease and take any other action with respect to any real estate. I specifically direct my attorney-in-fact to use this power to market and sell, including the signing of all contracts and deeds, the following real property:

471 Nez Pierce Place La Conner Skagit County, Washington

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- III. Disability. In the event I become disabled or incompetent this power of attorney shall remain in full force and affect.
- IV. Effectiveness. This power of attorney shall become effective immediately,
- V. **Duration.** This power of attorney shall remain in effect until revoked or terminated under Paragraph V, notwithstanding any uncertainty as to whether I am dead or alive. This power of attorney shall not be affected by disability of the principal.
- VI. Termination. This power of attorney may be terminated in the following manner:

Revocation. This power of attorney may be revoked in writing by my giving Written Notice to the attorney-in-fact, or if applicable, the alternate attorney-in-fact. If this power

of attorney has been recorded, the written notice of revocation shall also be recorded.

By Guardian of Estate. The appointment of a guardian of my estate vests in the guardian, the power to revoke, suspend or terminate this power of attorney with court approval. The appointment of a guardian of my person does not empower the guardian to revoke, suspend or terminate this power of attorney.

By Death. This power of attorney is deemed to be revoked by my death when the attorney-in-fact has actual knowledge of the death.

- VII. Accounting The attorney-in-fact shall be required to account to any subsequently appointed personal representative of mine.
- VIII. Indemnity. My estate shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith.
- IX. Applicable Law. The laws of the State of Washington, as now or hereafter in effect, including RCW 11.94.010, shall govern this Power of Attorney.

Dated this 80 day of August, 2016.

Allene L. Sourbeer

STATE OF HAWAII)
COUNTY OF)

I certify that I know or have satisfactory evidence that Arlene L. Sourbeer signed this instrument and acknowledged it to be her free and voluntary act for the use and purposes mentioned in the instrument.

Given under my hand and official seal this _ day of August, 2016.



Notary Public in and for the State of Hawaii Residing at POLOS, Llands

My appointment expires 10-27-25

THE TOO, CIRCUIT