



201608310006

Skagit County Auditor \$127.00  
8/31/2016 Page 1 of 5 9:00AM

**WHEN RECORDED RETURN TO:**  
Susan L. Griffin Lee  
6060 Sands Way  
Anacortes, WA 98221

**DOCUMENT TITLE(S):**  
Durable Power of Attorney for Betty R. McSpadden

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

**GRANTOR:**  
Betty R. McSpadden

**GRANTEES:**  
Susan L. Griffin Lee

**ABBREVIATED LEGAL DESCRIPTION:** *Land Title and Escrow*

**TAX PARCEL NUMBER(S):** #155589-  
DAE

I, Christi Strachan 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 \$73.00 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 [Signature] Dated 8/31/16

# DURABLE POWER OF ATTORNEY

For

**BETTY R. MCSPADDEN**

**KNOW ALL PERSONS BY THESE PRESENTS:** That I, **BETTY R. MCSPADDEN**, do hereby appoint my daughter, **SUSAN L. GRIFFIN LEE** of 6060 Sands Way, Anacortes, WA 98221, to act in my name and place to the full extent which I could act if I were personally present.

## Specific Powers-Sedro Woolley Properties

The Principal appoints the Agent to act for the Principal in, **ANY REAL ESTATE TRANSACTION INCLUDING THE SALE OF THE REAL PROPERTY LOCATED AT 1800 SKYLINE WAY #204, ANACORTES, WA** legally described as:

**UNIT 204, 1800 SKYLINE (REPLAT), A CONDOMINIUM, ACCORDING TO DECLARATION AND AMENDMENTS RECORDED UNDER AUDITOR'S FILE NOS. 8201050026, 200111150073, 2002111150073, 200212090141, AND 200402200073, AND AMENDED SURVEY MAPS AND PLANS THEREOF RECORDED IN VOLUME 14 OF PLATS, PAGES 76 AND 77, RECORDS OF SKAGIT COUNTY WASHINGTON;**

**TOGETHER WITH LIMITED COMMON ELEMENT PARKING SPACE 202 AND STORAGE SPACE NO. 202.**

**SITUATED IN SKAGIT COUNTY, WASHINGTON.**

**P82574 XrefID 448-000-204-0006**

## Power of Attorney is Durable

This power of Attorney shall not be affected by my subsequent incapacity.

## General Powers

My Agent shall have full power and authority to act on my behalf. This Power and Authority shall authorize my Agent to sell my property at 1800 Skyline Way #204, Anacortes, WA 98221 and to manage, and conduct all of my affairs, exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close Banking Accounts, including, but not limited to, Checking Accounts, Savings Accounts, and Certificate of Deposits and Financial Accounts such as Brokerage Accounts, Retirement Plan Accounts, and other similar accounts with Financial Institutions and to:
  - A. Conduct any Business with any Banking or Financial Institution with respect to any of my Accounts, including but not limited to, making deposits and withdrawals, negotiating or endorsing any Checks or other Instruments with respect to such Accounts, and obtaining Bank Statements, Passbooks, Drafts, Money Orders, Warrants, and Certificates or Vouchers payable to me by any Person, Firm, Corporation or Political Entity.
  - B. Add, Delete, or Change Beneficiaries to any Financial Accounts I own including Insurance Policies, Annuities, Retirement Accounts, Payable on Death Savings or Checking Accounts or other Investments.
  - C. Perform any act necessary to Deposit, Negotiate, Sell or Transfer any Note, Security, or Draft of the United States of America, including U.S. Treasury Securities.
  - D. Have access to any Safe Deposit Box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain Insurance and Annuity Contracts, including Life Insurance upon my life or other appropriate person's life.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any

other person or entity.

5. Enter into Binding Contracts on my behalf.
6. Exercise all Stock Rights on my behalf as a proxy, including all rights with respect to Stocks, Bonds, Debentures, Commodities, Options or other Investments.
7. Employ Professional and Business assistance as may be appropriate, including Attorneys, Accountants, and Real Estate Agents.
8. Sell, Convey, Lease, Manage, Insure, Improve, Repair or perform any other act with respect to any of my property, now owned or later acquired, including, but not limited to, Real Estate and Real Estate rights including the right to remove Tenants and to recover possession. This includes the right to sell or encumber any Homestead that I now own or may own in the future.
9. Prepare, sign and file documents with any Governmental Body or Agency, including, but not limited to, the authorization to:
  - A. Prepare, sign and file income and other tax returns with Federal, State, Local, and other Governmental bodies.
  - B. Obtain information or documents from any Government or its Agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such Government or Agency.
  - C. Prepare applications, provide information, and perform any other act reasonably requested by any Government or its Agencies in connection with Governmental benefits, including Medical, Military and Social Security Benefits, and to appoint anyone, including my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security or other Governmental Benefits.
10. Make gifts from my assets to members of my family and to other such person or Charitable Organizations with whom I have an established pattern of giving, or if it is appropriate to make such gifts for Estate Planning and/or Tax purposes, to file State and Federal Gift Tax Returns. No Agent acting under this instrument shall have the power or authority to:
  - A. Gift, assign or designate any of my assets, interest or rights, directly or indirectly to such Agent, such Agent's Estate, Creditors or the Creditors of such Agent's Estate;
  - B. Exercise any Powers of Appointment I may hold in favor of such Agent, the Agent's Estate, or the Creditors of the Agent's Estate; or
  - C. Use any of my assets to discharge any of such Agent's legal obligations, including any obligations of support which such Agent may owe others, excluding those whom I am legally obligated to support.
11. Subject to other provisions of this document, my Agent may disclaim any interest which otherwise may be transferred or distributed to me from any other person, Estate, Trust or other entity, as may be appropriate.
12. Have access to my healthcare and medical records and statements regarding billing, insurance and payments.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in the Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing:

1. My income to be taxable to my Agent;
2. My assets to be subject to a General Power of Appointment by my Agent; or
3. My Agent to have the incidents of ownership with respect to any Life Insurance Policies that I may own on the Life of the Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A Successor Agent shall not be liable for the acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur

any liability to me, my Estate or my Personal Representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provisions of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as required under State Law or upon my request or the request of any authorized Personal Representative, Fiduciary or Court of Record acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable State Statute. This is a Durable Power of Attorney. This Power of Attorney shall continue in effect until my Death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

IN WITNESS WHEREOF I, **BETTY R. MCSPADDEN**, have hereunto set my hand to this Durable Power of Attorney for Finances and have published and acknowledged it as my own Power of Attorney which shall become effective on this day, June 28, 2016 and I have called

Kendra Halcomb and Hewella Faye Davis to attest this Power of Attorney by witnessing my signature hereto and by signing their names in my presence as attesting witnesses.

This Durable Power of Attorney consists of four (4) sheets of typewritten matter and for the purpose of identification, I have initialed the right hand margin on the bottom of each sheet.

Dated: June 28, 2016 at Mount Vernon, Washington.

Betty R. McSpadden  
BETTY R. MCSPADDEN, Principal

I declare that the person who signed and acknowledged this document is personally known to me, that she signed and acknowledged this Durable Power of Attorney in my presence, and that she appears to be of sound mind and under no duress, fraud or undue influence, and capable of making financial decisions. I am not appointed Agent by this document, nor am I the Principal's Health Care Provider, Financial Consultant, Agent or Employee of the Principal, nor am I an employee of the Principal's Agent, Health Care Provider, or Financial Consultant. I further declare that I am not related to the Principal by Blood, Marriage, or Adoption, and to the best of my knowledge, I am neither a Creditor of the Principal's nor bound by any Liabilities of the Principal, nor am I entitled to any part of her Estate under any Will or other Legal Instrument now existing or by operation of law.

Witness Number 1  
Signature: Kendra Halcomb  
Printed Name: KENDRA HALCOMB  
Residing at: BURLINGTON, WA 98233

Dated June 28, 2016

Witness Number 2  
Signature: Hewella Faye Davis  
Printed Name: Hewella Faye Davis  
Residing at: Mount Vernon, WA

Dated June 28, 2016

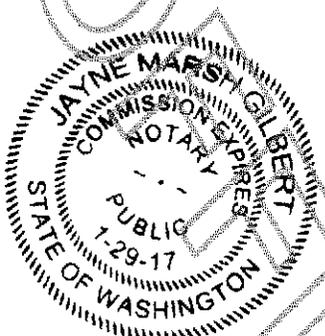
STATE OF WASHINGTON )

SS

COUNTY OF SKAGIT )

On this day personally appeared before me Kendra Halcomb and Llewella Faye Davis to me known to be the witnesses described on and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 28th of June, 2016.



Jayne Marsh Gilbert  
NOTARY PUBLIC in and for the State of Washington  
Residing at: Burlington, WA  
My Commission expires on: 1-29-17

UNOFFICIAL DOCUMENT