

After Recording, please return to:

**Land Title & Escrow of Skagit & Island County
111 E George Hopper Rd.
Burlington, WA 98233**

**LAND TITLE AND ESCROW
02-171795-OE**

Recording Cover Page

Document Title(s) (for transactions contained therein):	
1. General Power of Attorney	
2.	
3.	
4.	
Reference Number(s) of Documents assigned or released: (on page ____ of documents(s))	
Grantor(s)	
1. James Henry Webster	
2.	
3.	
4.	
Additional Names on page	of document.
Grantee(s)	
1. Joseph A. Peterson	
2.	
3.	
4.	
Additional Names on page	of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range)	
Ptn Lot 4, All Of Lot 5, Ranch San Juan Del Mar Div. 6.	
Additional legal is on page	of document.
Assessor's Property Tax Parcel/Account Number	
3977-000-005-0008, P68369	
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	

When Recorded return to:

John S. McMasters
Mullavey, Prout, Grenley & Foe
P.O. Box 70567
Seattle, WA 98127

GENERAL DURABLE POWER OF ATTORNEY

PRINCIPAL: James Henry Webster

AGENT: Joseph A. Peterson.

I, James Henry Webster (the "Principal"), domiciled in Washington State, designate Joseph A. Peterson, as my Agent. If for any reason Joseph A. Peterson becomes unable or unwilling to act as Agent, then I designate my brother Thomas F. Webster as my alternate Agent.

1. Effectiveness. This Power of Attorney shall become effective immediately and revokes all previous Powers of Attorney executed by the Principal.

2. Duration. This General Durable Power of Attorney shall remain in effect, to the extent permitted by law, until revoked or terminated under Paragraph 3. I intend that this Power of Attorney shall not be affected by my disability.

3. Revocation/Termination. This Power of Attorney shall be revoked/terminated upon:

A. The appointment of a guardian over me, but only to the extent that the court has limited or restricted my rights. This Power of Attorney shall remain in effect as to any rights that the court has allowed me to retain and that I have assigned to my Agent hereunder;

B. My death; or

C. By written notice from me to the designated Agent. If this Power of Attorney has been recorded, a revocation must be recorded in the Records Section, King County, Washington.

4. Financial Powers. My Agent shall have all powers as are necessary or desirable to provide for my support, maintenance, emergencies, and urgent necessities as well as those of my spouse. Except as limited herein, these powers shall include all of the powers of an absolute owner over my assets and shall include the following specific powers and authority:

A. *Real Property.* To purchase, take possession of, lease, sell, convey, exchange, mortgage, release, and encumber real property or any interest in real property, including any real property on which I have previously executed a transfer on death deed.

B. *Personal Property.* To purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage, vote, and pledge personal property or any interest

in personal property, including stocks, bonds, mutual funds, membership units, annuities, insurance products, and all insurance transactions.

C. Financial Accounts. To deal with accounts maintained by or on behalf of me with institutions (including, without limitation, banks, savings and loan associations, credit unions and securities dealers). This shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts, and to make deposits, transfers and withdrawals with respect to such accounts. My Agent shall open all accounts in my name, and any joint accounts shall not be jointly owned, but created solely for my convenience. Except as provided in Paragraph E. below, my Agent shall not create or change any beneficiary designations.

D. Monies Due. To request, demand, recover, collect, endorse, and receive all monies, debts, accounts, gifts, bequests, dividends, annuities, rents and payments due me, including U.S. Treasury checks.

E. IRAs or 401(k) Accounts. To collect for my benefit any required minimum distributions and discretionary distributions from any Individual Retirement Accounts (IRAs) or 401(k) Accounts of which I am the owner. My Agent may establish beneficiary designations on any deferred retirement assets provided such designations are consistent with my current designations on similar assets or in the absence of beneficiary designations on similar assets are consistent with the residuary provisions of my estate plan.

F. Claims Against Principal. To pay, settle, compromise, or otherwise discharge any and all claims of liability or indebtedness against me and, in so doing, use any of my funds or other assets or use funds or other assets of my Agent and obtain reimbursement out of my funds or other assets.

G. Legal Proceedings. To participate in any legal action in my name or otherwise. This shall include actions for attachment, execution, eviction, foreclosure, indemnity, and any other legal or administrative action or proceeding for equitable or injunctive relief, and legal proceedings in connection with the authority granted in this instrument. To accept any and all notices or service of process for me. My Agent is not required to deal with the law firm of the attorney at law who drafted this Durable Power of Attorney, but is specifically authorized to do so, and I hereby waive my client-attorney privilege with this firm in order to allow this firm to deal with my Agent.

H. Written Instruments. 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 Agent as fully as I could do if personally present.

I. Safe Deposit Box. To enter any safe deposit box in which I have a right of access, to remove any contents therefrom, to close any safe deposit boxes, and to open any safe deposit boxes in my name.

J. Fiduciary Positions. To renounce any fiduciary positions to which I have been or may be appointed, including but not limited to personal representative, trustee,


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conservator, guardian, Agent, manager of a LLC, and officer or director of a corporation; to resign such positions in which I am presently serving; and to file accounting with courts of competent jurisdiction, or settle on receipts and releases or other informal method, as my Agent deems advisable.

K. Disclaimer. To disclaim any interest, as defined in Chapter 11.86.011 of the Revised Code of Washington, in any property to which I would otherwise succeed.

L. Digital Assets. To access, use, and control any and all of my digital devices and to access, modify, delete, transfer, and control my digital assets and their content, including but not limited to, my emails received, email accounts, electronic books, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts, and similar digital items which currently exist or may exist as technology develops.

M. Gifts. No gifts of my assets, either outright or in trust, may be made except as provided in paragraph N below.

N. Estate Tax Transfers. If my physical condition is certified by my personal physician or the attending physician to be terminal and likely to result in death in six months or less from the date of the transfer, my Agent shall have the power to make gifts on my behalf, outright, in trust, or to a custodian, to any of the beneficiaries under my Will, in keeping with the size and type of bequests given under my Will, in an amount that will reduce the value of my remaining assets towards a sum that is then exempt from Washington state estate tax. Notwithstanding the foregoing, my Agent shall have no power that would constitute a general power of appointment under Sections 2041 or 2514 of the Internal Revenue Code. This power shall include the power to make such gift to, or from, any account, guardianship estate, custodianship, or trust estate from which, or to which, I could make such gifts, and the power to cause the custodian, guardian, or trustee to do so, or accept such. This power shall also include the power to make gifts to a Section 529 plan to provide for education expenses for one or more individuals. If the property is held in a revocable trust, then this power may be exercised as I could, as the trustor of that trust, so that my Agent can directly gift funds from that trust to the individual donees. My Agent shall if appropriate consult with tax and legal professionals prior to making gifts. Any gift under this section shall not be limited to the annual exclusion provided by Section 2503(b) of the Internal Revenue Code of 1986, as amended from time to time.

O. Medicaid Transfers. My Agent shall not have any authority to transfer any of my assets for the purpose of qualifying me for governmental medical assistance.

P. I.R.S. To prepare and file all forms and schedules required or requested by the Internal Revenue Service, including without limitation the individual income tax returns (Form 1040 and schedules) for the years 2010 through 2060, and to represent me in any and all actions with respect to the Internal Revenue Service. To deal with my accountant or tax preparer and to obtain any and all information from the same.

5. Health Care Powers. To the extent permitted by law, my Agent shall have the right to make health care decisions and to give informed consent on my behalf if I am unable to do so. If

I am able to express my desires by any means possible, my Agent is to consider those desires. My Agent shall have all further powers as are necessary or desirable to provide for my health care. These powers shall include, without limitation, the power and authority to:

A. Consent. Consent to my medical, surgical, health, and/or nursing care and non-treatment, to consent to the withholding or withdrawal of life-sustaining treatment, and to consent to my admission to any medical, nursing, residential, or similar facility.

B. Employ. Employ and discharge persons, including health care personnel, to advise or assist my Agent in the performance of the duties of my Agent, or as my Agent deems appropriate and necessary for my physical, mental, and emotional well-being.

C. Contract. Enter into any agreements for my care.

D. Release. Provide any required waivers or releases of liabilities.

Any person, including any physician, hospital, nurse, technician, or health care or nursing facility, is authorized to release and give to my Agent any information requested covering my personal affairs, medical history, or mental health.

6. Limitations on Powers. Except for the authority specifically stated in paragraphs 4 and 5, my Agent shall not have the power to make any gifts of my assets, to exercise any power of appointment, or to make, revoke or change any life insurance policy, employee benefit plans, estate planning or testamentary documents previously executed by me, unless the document expressly authorizes changes by the holder of a Durable Power of Attorney.

7. Accounting. My Agent shall provide accountings to me within 30 days of my written request. Additionally, my Agent shall provide accountings to any subsequently appointed attorney, personal representative, or guardian within 60 days of receipt of a written request from that fiduciary.

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

9. Indemnity. My estate shall hold harmless and indemnify my Agent from all liability for acts or omissions done in good faith and not in fraud or gross negligence.

10. Protective Proceedings. If protective proceedings are commenced, I nominate Karin Irmgard Webster, as Guardian or Limited Guardian of my person or estate, or both. I further nominate Joseph A. Peterson as First Alternate Guardian or First Alternate Limited Guardian and Thomas F. Webster as Second Alternate Guardian or Second Alternate Limited Guardian of my person or estate, or both. I withdraw this nomination if my Agent who is applying as Guardian has been removed.

11. Compensation. My Agent will be entitled to reasonable compensation for services rendered to me under this Power of Attorney.

12. HIPAA Release Authority. I intend for my Agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 U.S.C. 1320(d) and 45 CFR 160-164. I authorize: any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, and insurance company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services; to give, disclose, and release to the person designated as my Agent herein, without restriction, all of my individual identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug and alcohol abuse.

The authority given my Agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given to my Agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider. This release applies even if the person is not yet appointed as my Agent.

13. Execution. This General Durable Power of Attorney is signed this 13th day of February, 2020, to become effective as provided in Paragraph 1.


James Henry Webster

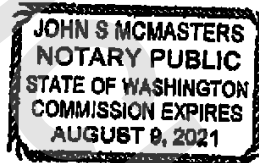
Domiciled and residing at:

1700 Howell Place
Seattle, Washington 98122

STATE OF WASHINGTON)
) ss.
 COUNTY OF KING)

On this day personally appeared before me James Henry Webster to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 13 day of February, 2020.



[Signature]
 NOTARY PUBLIC in and for the State of
 Washington.

Printed name: John S. McMASTERS
 My Commission Expires: 8/9/2021



The Director of Records & Licensing,
 King County, State of Washington do
 hereby certify the foregoing document
 is a true and correct copy of the
 document recorded in our office.

Director of Records & Licensing,

By [Signature]

Deputy

[Signature]

Witness my hand and official seal

On this Day of 4/16/2020 at 2:47 PM