

WHEN RECORDED RETURN TO:

Name: Rainier Title
Address: 12721 Bel-Red Rd, ste 2
Bellevue, WA 98005

LAND TITLE AND ESCROW
01-179340-0

Escrow Number: 778224RT

Filed for Record at Request of: Rainier Title LLC

DOCUMENT TITLE(S) General Durable Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S): Knutson, Joanne

GRANTEE(S): Buntin, Marci A.

ABBREVIATED LEGAL DESCRIPTION:

Lot 114, Revised Shelter Bay Div. 2.

TAX PARCEL NUMBER(S):

P128985, 5100-002-114-0000

When recorded return to:
Charles N. Mullavey
Mullavey, Prout, Grenley & Foe
P. O. Box 70567
Seattle, Washington 98107

GENERAL DURABLE POWER OF ATTORNEY
[with Health Care]

I, **JOANNE KNUTSON** (the "Principal"), Social Security number 535-30-0708, domiciled in Washington State, designate **GERALD R. KNUTSON** as my attorney in fact. If for any reason **GERALD R. KNUTSON** becomes unable or unwilling to act as attorney in fact, then **MARCI A. BUNTIN** is designated as my alternate attorney in fact.

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

2. Duration. This Durable Power of Attorney shall remain in effect to the extent permitted by Chapter 11.94 of the Revised Code of Washington, or until revoked or terminated under Paragraphs 3 and 4. I intend this power of attorney to survive my incapacity.

3. Revocation. This Durable Power of Attorney may be revoked, suspended, or terminated by written notice from me to the designated attorney in fact and, if this power has been recorded, by recording the written instrument of revocation with the Snohomish County Auditor in the Records Section, Snohomish County, Washington. This Durable Power of Attorney is automatically revoked upon the dissolution of marriage of the principal to the attorney in fact.

4. Termination.

(a) By Guardian. The appointment of a guardian of my estate vests in the guardian, with court approval, the power to revoke, suspend, or terminate this Power of Attorney.

(b) By Death of Principal. My death shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the attorney in fact.

5. General Powers. My attorney in fact, as fiduciary, shall have all powers of an absolute owner over my assets and liabilities, whether located within or without the State

of Washington. My attorney in fact shall have all further powers as are necessary or desirable to provide for my support, maintenance, emergencies, and urgent necessities. These powers shall include, without limitation, the power 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.

(b) Personal Property. To purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage and pledge personal property or any interest in personal property, including stocks, bonds, mutual funds and insurance products.

(c) Financial Accounts. To deal with accounts maintained by or on behalf of the Principal 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.

(d) Moneys Due. To request, demand, recover, collect, endorse and receive all moneys, debts, accounts, gifts, bequests, dividends, annuities, rents and payments due me, including U.S. Treasury checks.

(e) Claims Against Principal. To pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against the Principal and, in so doing, use any of the Principal's funds or other assets or use funds or other assets of the attorney in fact and obtain reimbursement out of the Principal's funds or other assets.

(f) Legal Proceedings. To participate in any legal action in the name of the Principal or otherwise. This shall include actions for attachment, execution, eviction, foreclosure, indemnity and any other proceeding for equitable or injunctive relief, and legal proceedings in connection with the authority granted in this instrument. My attorney in fact is specifically authorized to deal with the law firm of the attorney at law who drafted this Durable Power of Attorney, and I hereby waive my client-attorney privilege with this firm in order to allow this firm to deal with my attorney in fact.

(g) 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 the attorney in fact as fully as the Principal could do if personally present.

(h) Safe Deposit Box. To enter any safe deposit box in which the Principal has a right of access.

(i) Transfers to Trust. To transfer assets of all kinds to the trustee of any trust agreement which I shall execute.

(j) Disclaimer. To disclaim any interest, as defined in Chapter 11.86.010 of the Revised Code of Washington, 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.

(k) Gifts. To make gifts of my assets, either outright or in trust, in my accustomed manner of giving. My attorney in fact may also make gifts of my assets to my family, but these gifts shall not exceed the Internal Revenue Service annual gift tax exclusion, except as provided in paragraph (l) below.

(l) Transfers. To make any transfer of resources not prohibited by law for the purpose of qualifying me for governmental medical assistance, including the power to make a transfer of my property as a gift to my family, even if my attorney in fact is such family. To effect such a transfer, my attorney in fact shall have the authority to revoke any community property agreement that I may have with my spouse. If I must be hospitalized or placed in a nursing home or similar facility, it is my intention to return to my home as soon as possible.

(m) 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 1994 through 2054, and to represent me in any and all actions with respect to the Internal Revenue Service.

6. Health Care Powers. My attorney in fact shall have the right to make decisions, and to give informed consent on my behalf, as to my health care, if I am unable to do so, to the extent permitted by law. If I am able to express my desires by any means possible, my attorney in fact is to consider those desires. My attorney in fact shall not take any action contrary to any Health Care Directive (known as a Living Will) which I may execute. I hereby incorporate any such Health Care Directive by reference.

My attorney in fact 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 the attorney in fact in the performance of the duties of the attorney in fact, or as the attorney in fact deems appropriate and necessary to 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.

(e) Obtain Information. Any person, including any physician, hospital, nurse, technician, or health care or nursing facility, is authorized to release and give to the attorney in fact any information requested covering the personal affairs, medical history, or mental health of the Principal.

7. Limitations on Powers. Except for the authority specifically stated in paragraphs 5 and 6, my attorney in fact 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, estate planning or testamentary documents previously executed by me unless the document expressly authorizes changes by the holder of a Durable Power of Attorney.

8. Accounting. My attorney in fact shall be required to account to any subsequently appointed personal representative, if requested.

9. Reliance. The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this Power of Attorney, so long as neither the attorney in fact nor any person with whom the attorney in fact 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.

10. Indemnity. My estate shall hold harmless and indemnify the attorney in fact from all liability for acts or omissions done in good faith and not in fraud or gross negligence.

11. Nomination of Guardian. If protective proceedings are commenced, I nominate **GERALD R. KNUTSON** as guardian or limited guardian of my person or estate, or both. If for any reason **GERALD R. KNUTSON** becomes unable or unwilling to act as such guardian, then I nominate **MARCI A. BUNTIN** as successor guardian or successor limited guardian of my person or estate, or both.

12. Execution. This Durable Power of Attorney is signed this 4th day of February 1999, to become effective as provided in Paragraph 1.

Joanne Knutson
JOANNE KNUTSON

Domiciled and residing at
21707 35th Avenue S. E.
Bothell, Washington 98021-7835

STATE OF WASHINGTON)

COUNTY OF KING)

)ss.

I certify that I know or have satisfactory evidence that **JOANNE KNUTSON** is the person who appeared before me, and said person acknowledged signing this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned herein.

Dated: February 4, 1999



Madeleine Ann Martin
Name: **Madeleine Ann Martin**
Notary Public in and for the
State of Washington.
My appointment expires 3-12-02

EXHIBIT A

Lot 114, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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