

**RETURN NAME and ADDRESS**Amrock662 Woodward AveDetroit, MI 48226Please Type or Print Neatly and Clearly All Information**Document Title(s)**Durable Power of Attorney**Reference Number(s) of Related Documents****Grantor(s)** (Last Name, First Name, Middle Initial)Johnson, David L.**Grantee(s)** (Last Name, First Name, Middle Initial)Brigham, Bonnie M.**Legal Description** (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)ABBREVIATED LEGAL: LOT 21 ANDPTN. LOT 20, "HOPLEY'S SAMISHISLAND TRACTS".**Assessor's Tax Parcel ID Number** P66137

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

Signature of Requesting Party

## Durable Power of Attorney for Finances for

David L. Johnson

[My Name]

1. **Agent.** I choose Bonnie M. Brigham as my Agent with full authority to manage my finances.
2. **Alternate.** If Bonnie M. Brigham is unable or unwilling to act, I choose N/A as my Agent with full authority to manage my finances.
3. **My Rights.** I keep the right to make financial decisions for myself as long as I am capable.
4. **Durable.** My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective: (check one)  
☒ Immediately.  
☐ Only if my medical provider signs a letter saying I cannot make decisions for myself.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)  
☐ create, amend, revoke, or terminate a living trust  
☐ make gifts of my money or property

- ☐ create or change my rights of survivorship
- ☐ create or change my beneficiary designation(s)
- ☐ delegate some authority granted in this document to someone else
- ☐ waive my right to be the beneficiary of an annuity or retirement plan
- ☐ create, amend, revoke, or terminate my community property agreement
- ☐ tell a trustee to make distributions from a trust just as I could

9. **No Power to Agree to Pre-Dispute Binding Arbitration.** My Agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.
10. **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.
11. **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.
12. **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

David L. Johnson  
My Signature

12/20/20  
Date

#### Notarization

State of Washington  
County of Skagit

I certify that I know or have satisfactory evidence that David L. Johnson is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

December 12, 2020  
Date

Lourea L. Garka  
Signature of Notary  
NOTARY PUBLIC for the State of Washington.  
My commission expires 10/27/2022.

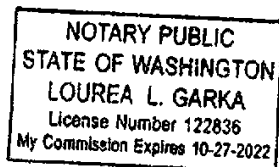


EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 3928-000-021-0008, P66137

Land situated in the Town of Bow in the County of Skagit in the State of WA

THE SOUTHEASTERLY 30 FEET OF LOT 20 AS MEASURED ALONG THE COUNTY ROAD NO. XIV, AND ALL  
OF  
LOT 21, "HOPLEY'S SAMISH ISLAND TRACTS", ACCORDING TO THE PLAT THEREOF RECORDED IN  
VOLUME  
5 OF PLATS, PAGE 44, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Commonly known as: 9867 Samish Island Rd, Bow, WA 98232-9345

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR  
INFORMATIONAL PURPOSES.