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Recording Cover Page

Land Title and Escrow
01-178161-OE

Document Title(s) (for transactions contained therein): 1. Durable Power of Attorney 2. 3. 4.
Reference Number(s) of Documents assigned or released: (on page ____ of documents(s))
Grantor(s) 1. Barbara Dills 2. 3. 4.
Additional Names on page ____ of document.
Grantee(s) 1. Vivian L. Summers 2. 3. 4.
Additional Names on page ____ of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) Lots 1-32, Blk 9, 1-22, Blk 10, 1-32, Blk 12, Central Add to Hamilton Lots 6-10, Blk 3, West Central Add to Hamilton 1-4, Blk 58, Hamilton Townsite Company's 2 nd Add
Additional legal is on page ____ of document.
Assessor's Property Tax Parcel/Account Number P73834, 4117-003-009-0007, P73768, 4113-014-004-0003, P73817, 4116-010-022-0006, P73816, 4116-009-032-0006, P73820, 4116-012-032-0000, P73835, 4117-003-010-0004
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.

Filed for record at the request of:

Barbara Dills
521 Maple Ave
Hamilton, WA 98255

DURABLE POWER OF ATTORNEY

I, Barbara Dills, resident of the State of Washington, revoke any powers of attorney I may have given in the past and give Vivian L. Summers (Dills) (referred to below as "the agent") a durable power of attorney. I intend that it not be limited by any disability I may have in the future.

1. POWERS

A. The agent shall act on my behalf and for my benefit, and shall have all powers over my estate that I have or acquire. These shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell, convey or encumber any real or personal property.

B. The agent shall have the power to consent to, or to withhold consent from, medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health and comfort; the agent shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

BD ~~C. I authorize the agent to revoke any community property agreement and to transfer any property to my spouse or registered domestic partner as a gift. (Initial here if revocation of a community property agreement and gifts to a spouse or registered domestic partner are authorized. If they are not authorized, cross out all of paragraph C.)~~

BD ~~D. I authorize the agent to make gifts of my property to the following person or persons:~~

~~Gifts under this paragraph may be:~~

~~in any amount~~
~~not more than \$_____ per year~~

(If gifts are authorized under paragraph D, either *initial* next to "in any amount" or *initial* next to "no more than" and fill in a dollar amount. If gifts are not

authorized, cross out all of paragraph D.)

No gift may be made under this power of attorney, except to a spouse or registered domestic partner if authorized under paragraph 1(C), unless authorized by this paragraph.

2. EFFECTIVE DATE, REVOCATION AND DISPOSITION OF REMAINS

A. This power of attorney shall become effective (initial the choice that applies):

1. BD immediately

2. _____ only when my agent, who may consult with any medical and/or legal professionals as he/she deems necessary or appropriate, certifies in writing that I lack the mental capacity to make important decisions independently. (This certification may be made using the box at the end of this document, or may be made in a separate writing.)

For purposes of obtaining information from a physician to determine if I am incapacitated, my agent shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

3. _____ only when my incompetence or disability has been established by a written, dated statement signed by a qualified physician who has regularly attended me for the last two most recent years prior to disability or incompetence, or, in the absence of such a physician, by the unanimous agreement of two qualified physicians who have examined me and reviewed my medical history. (This certification may be made using the box at the end of this document, or may be made in a separate writing.).

For purposes of obtaining a certification of incompetency or disability from a physician, my agent shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

B. This power of attorney shall remain in effect until revoked or until my death.

C. After my death, my agent shall have the authority to act as my representative for purposes of controlling the disposition of my remains, as authorized under RCW 68.50.16, if I have not otherwise made lawful provision for their disposition.

D. I may revoke this power of attorney by giving written notice to the agent and, if the power of attorney has been recorded, by recording the written instrument of revocation in the county office where deeds are recorded.

E. If I give notice of revocation after my agent has certified that I lack the mental capacity to make important decisions, then my agent's power or attorney shall be suspended unless and until a court determines that the revocation was not effective.

3. RIGHTS AND DUTIES OF THE AGENT

A. My estate shall hold the agent harmless from, and indemnify the agent for, all liability for acts done for me in good faith based on this power of attorney.
B. The agent shall be required to account to any subsequently appointed personal representative.

4. NOMINATION OF GUARDIAN

I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced.

5. SUBSTITUTE AGENT

I appoint N/A to serve as substitute agent in place of the agent named in paragraph 1 above, if the agent named in paragraph 1 is unable or unwilling to serve. A statement signed by the substitute agent, affirming that the agent named in paragraph 1 is unable or unwilling to serve shall be sufficient to establish that the agent is unable or unwilling to serve.

(If no substitute agent is named, this paragraph should be crossed out.)

Dated: JAN 9 2019 Barbara Dills

On 1-9-2019, a person I know to be Barbara Dills appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated: 1/9/2019

Becky L. Taft
Notary Public, State of Washington,
residing at: Seaside, WA
Commission expires: 12-31-2020

