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Recording Cover Page

201968-LT

<p>Document Title(s) (for transactions contained therein):</p> <p>Durable Power of Attorney for Finances</p>
<p>Reference Number(s) of Documents assigned or released: (on page __ of documents(s))</p>
<p>Grantor(s)</p> <p>Michael VanHuizen</p> <p>Additional Names on page ___ of document.</p>
<p>Grantee(s)</p> <p>Kyle VanHuizen</p> <p>Additional Names on page ___ of document.</p>
<p>Legal Description (abbreviated i.e. lot, block, plat or section, township, range)</p> <p>ptn GL 1, Sec 14, T 35 N, R 10 E W.M.</p>
<p>Additional legal is on page ___ of document.</p> <p>Assessor's Property Tax Parcel/Account Number</p> <p>351014-0-001-0000/P45308 & 351014-0-002-0009/P45309</p>
<p>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.</p>

Durable Power of Attorney for Finances

Michael for VanHuizen

[My Name]

1. Agent. I choose Kylie VanHuizen as my Agent with full authority to manage my finances.

2. Alternate. If Kylie VanHuizen is unable or unwilling to act, I choose Robby VanHuizen 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

cannot sell Roche or House

58800 willow lake
Mortgage account, was
9826?

- 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 Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, 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.

Michael Vanhuizen
My Signature

8/26/2021
Date

Notarization

State of Washington
County of Whatcom

I certify that I know or have satisfactory evidence that Michael Vanhuizen 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.

SUBSCRIBED and SWORN to before me on 8/26/2021

Betty W. McNeely
SIGNATURE OF NOTARY
Betty W. McNeely
PRINT NAME OF NOTARY



NOTARY PUBLIC for the State of Washington.
My commission expires 9/15/23