

**Return Address:**

SASH Inc  
6811 S 204th St Suite 395  
Kent, WA 98032

<b>Document Title(s)</b> (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in)	
1. Power of Attorney	2. _____
3. _____	4. _____
<b>Reference Number(s) of Documents assigned or released:</b>	
Additional reference #'s on page _____ of document	
<b>Grantor(s)</b> Exactly as name(s) appear on document	
1. Carmelia A Thompson	_____
2. _____	_____
Additional names on page _____ of document.	
<b>Grantee(s)</b> Exactly as name(s) appear on document	
1. Kimberley Thompson	_____
2. _____	_____
Additional names on page _____ of document.	
<b>Legal description</b> (abbreviated: i.e. lot, block, plat or section, township, range)	
Lot 62, "College meadow Div. No. 2," as per plat recorded in Volume 12 of Plats, pages 42 and 43, records of Skagit County, Washington. Situate in the city of Mount Vernon, county of Skagit, State of Washington.	
Additional legal is on page _____ of document.	
<b>Assessor's Property Tax Parcel/Account Number</b> yet assigned	<input type="checkbox"/> Assessor Tax # not
P81211	
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting

**Durable Power of Attorney for Finances**  
for

Carmelita Thompson  
[My Name]

1. **Agent.** I choose Kimberley Thompson as my Agent with full authority to manage my finances.
2. **Alternate.** If Kimberley Thompson is unable or unwilling to act, I choose Michael Thompson 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.

Carmelia Ann Thompson  
My Signature

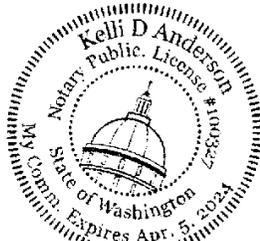
07-10-22  
Date

**Notarization**

State of Washington  
County of Skagit

I certify that I know or have satisfactory evidence that Carmelia A Thompson 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.

4-10-2022  
Date



Kelli D Anderson  
Signature of Notary  
NOTARY PUBLIC for the State of Washington.  
My commission expires 4-5-24.