

WHEN RECORDED RETURN TO:

Guardian Northwest Title
1301 B. Riverside Dr.
Mt. Vernon, WA 98273

DOCUMENT TITLE(S)

Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GNW 22-17490

GRANTOR(S):

Deborah Lynn Brown

GRANTEE(S):

Jammie Colleen Novak

ABBREVIATED LEGAL DESCRIPTION:

Lot 3, Jefferson Place

TAX PARCEL NUMBER(S):

P96080/4554-000-003-0002

***DURABLE POWER OF ATTORNEY
FOR ALL PURPOSES***

(Effective Immediately)

KNOW ALL BY THESE PRESENTS, that I, Deborah Lynn Brown, of Mount Vernon, Skagit County, Washington, have made, constituted and do by these presents make, constitute and appoint my daughter **Jammie Colleen Novak** as my attorney-in-fact for me and in my name and stead, to perform any act, commitment or engagement on my behalf, or, if she is unable or unwilling to so act, I appoint my granddaughter **Jada Jenkins** to act in that capacity. **This Power of Attorney shall revoke any previous Powers of Attorney that I have executed.**

I hereby give and grant to my said attorney-in-fact all power to do any act which I might do if personally present and acting in connection with any matter, specifically including the right to sell, transfer or convey, or mortgage and hypothecate, any real estate in which I have an interest, and also to draw upon any bank accounts that I may have, both checking and savings accounts or savings and loan accounts, and to execute such documents as may be required to sell or transfer such securities as I may have, whether listed upon an exchange or not, and said financial institutions and/or transfer agents shall not be required to assure themselves that said funds or assets are properly applied.

I shall hold harmless any person who may act in reliance upon the authority granted to my said attorney-in-fact hereby.

I hereby give to my attorney-in-fact the power to make health care decisions on my behalf if I am unable to do so, including giving informed consent to health care providers. Included in this power is the authority to make decisions about life-prolonging medical procedures, such as (but not limited to) a respirator, placement or removal of tubes to provide nutrition or hydration; antibiotics, and cardiopulmonary resuscitation. By completing this document, I intend to create a durable power of attorney for health care under chapter 11.94 of the Revised Code of Washington. It shall take effect upon my incapacity to make my own health care decision and shall continue during that incapacity to the extent permitted by law or until I revoke it.

The attorney-in-fact, referred to as "Personal Representative" and defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR § 164.502(g), is authorized to (a) obtain my Protected Health Information ("PHI") or other health information or medical records; (b) assist me in making healthcare-related decisions; and (c) be treated as though the attorney-in-fact is the patient for purposes of releasing information. This section shall be interpreted to specifically allow for the release to the attorney-in-fact of any information subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d and 45 CFR §§ 160-164.

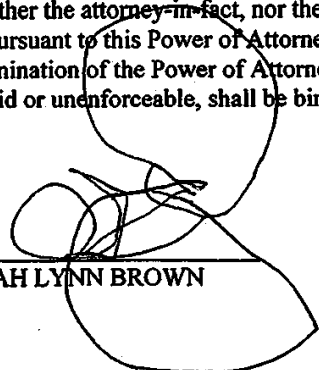
The attorney-in-fact shall further be authorized by this Power of Attorney, and pursuant to RCW 70.02.030, to obtain all medical information and/or records in the possession of any or all of my medical care providers. This release terminates upon my death, revocation of this Power of Attorney, or upon appointment of a guardian for myself.

This Power of Attorney shall not be affected by the disability of the undersigned Principal.

This Power of Attorney shall remain in force and effect until revoked by the undersigned in writing.

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 the person with whom he or she was dealing at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise, and any action so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representatives.

DATED: 1-9-23



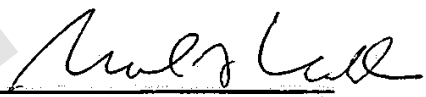
DEBORAH LYNN BROWN

STATE OF WASHINGTON)
COUNTY OF King) (ss.)

I certify that I know or have satisfactory evidence that Deborah Lynn Brown signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: JANUARY 9th 2023

NOTARY PUBLIC
STATE OF WASHINGTON
MILES F. HOLDEN
License Number 74873
My Commission Expires 07-17-2024


NOTARY PUBLIC IN AND FOR THE 98039
STATE OF WASHINGTON,
Residing at KIRKLAND WA
My commission expires: 07-17-2024
Printed Name: Miles F. Holden