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Document Title(s): Durable Power of Attorney
Reference Number(s) of Documents assigned or released: (on page __ of document(s))
Grantor(s): Elaine Sherman Additional Names on page of document.
Grantee(s): Brian Sherman Additional Names on page of document.
Abbreviated Legal Description: Lot 3 & E 1/2 Lot 4, Blk 238, City of Anacortes Additional legal is on page of document.
Tax Parcel Number(s): 3772-238-004-0002/P56365

DURABLE POWER OF ATTORNEY

The undersigned individual, domiciled and residing in the State of Washington, as authorized by RCW 11.94.010 designates the following named person as attorney in fact to act for the undersigned principal.

1. Designation. BRIAN SHERMAN is designated as attorney in fact for the principal, ELAINE SHERMAN.

2. Powers. The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, including power to buy, sell, assign, encumber and transfer real property, stocks, bonds and other securities, including all banking transactions, including access to safe deposit boxes, whether located within or without the State of Washington and also all powers that are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the principal and such as provided in RCW 11.94.050(2).

The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the principal including power to negotiate, settle and sign documents for and regarding federal, state and local taxes and to negotiate, settle, file claims, sign any documents regarding life, health, medical, homeowners, auto, disability, liability or other insurance insuring principal or in which principal holds any interest, including authority to execute documents and transfer assets to qualify the principal for medicaid and other government benefits.

3. Effectiveness. This power of attorney shall be effective now and shall remain effective upon the disability or incompetence of the undersigned individual.

4. Health care. The principal hereby authorizes the named attorney-in-fact to provide informed consent for health care decisions on the principal's behalf. This paragraph does not apply if the named attorney-in-fact is the principal's physician, that physician's employee, or the owner, administrator, or employee of a health care facility where the principal resides or receives care, unless the attorney-in-fact is a spouse, adult child or brother or sister of principal. This authorization is subject to the same limitations as those that apply to a guardian under RCW 11.92.040(3)(a) through (d).

This power of attorney authorizes the designated attorney in fact to obtain and sign waivers and releases for any and all health and medical treatment information including that information protected and covered by the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), including Individually Identifiable Health Information.

5. Duration. This durable power of attorney becomes effective as provided in the foregoing paragraph and shall remain in effect to the extent permitted by RCW Ch. 11.94 or until revoked or terminated under paragraphs "Revocation" or Termination", notwithstanding any uncertainty as to whether the principal is dead or alive.

6. Revocation. This power of attorney may be revoked, suspended or terminated in writing by principal upon written notice to the designated attorney in fact and by recording the written instrument of revocation in the office of the Auditor of Grays Harbor County, Washington.

7. Termination. (a) By Appointment of Guardian. The appointment of a guardian of the estate of the principal vests in the guardian with court approval, the power to revoke, suspend or terminate

this power of attorney. The appointment of a guardian of the person only does not empower the guardian to revoke, suspend or terminate this power of attorney.

(b) By Death of Principal. The death of principal shall be deemed to revoke this power of attorney upon actual knowledge or actual notice being received by the attorney in fact.

8. Accounting. The attorney in fact shall be required to account to any subsequently appointed personal representative.

9. Reliance. 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 any person with whom the attorney in fact was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representative of the principal.

10. Indemnity. The estate of the principal shall hold harmless and indemnify the attorney in fact and/or its successor from all liability for acts done in good faith and not in fraud of the principal, EXCEPT for acts committed dishonestly, with improper motive, or with gross negligence to the purpose of the power of attorney or the best interest of the principal or, as a result of an abuse of a confidential or fiduciary relationship with the principal.

11. Applicable Law. The laws of the State of Washington shall govern this power of attorney.

12. Successor. If for any reason BRIAN SHERMAN declines, fails, resigns or for any reason cannot serve as attorney-in-fact, the principal hereby appoints VAUGHN SHERMAN to be the Principal's attorney-in-fact hereunder, with all of the rights and powers of the original attorney-in-fact and with full power of substitution in the premises.

13. Execution. This power of attorney is signed IN DUPLICATE on this 12 day of April, 2019, to become effective as provided in paragraph "Effectiveness".

Elaine Sherman
ELAINE SHERMAN

STATE OF WASHINGTON)
GRAYS HARBOR COUNTY) ss.

I certify that I know or have satisfactory evidence that ELAINE SHERMAN is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: April 12, 2019



Printed Name: William J. Stewart
NOTARY PUBLIC residing at: Montasano
My appointment expires: 3/7/2023

E. S.
Initials of Principal