

POOR ORIGINAL

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11/30/2023 02:45 PM Pages: 1 of 5 Fees: \$207.50

Skagit County Auditor, WA

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**Recording Cover Page**

210726-LT

<b>Document Title(s) (for transactions contained therein):</b>  Power of Attorney
<b>Reference Number(s) of Documents assigned or released:</b> (on page __ of documents(s))  n/a
<b>Grantor(s)</b>  Wendy Diane Sebastian
<b>Additional Names on page __ of document.</b>  Grantee(s)  Deborah L. Wake
<b>Additional Names on page __ of document.</b>  Legal Description (abbreviated i.e. lot, block, plat or section, township, range)  Ptn. Lot 9, Block 1, "Kloke's Add. to Burlington"
<b>Additional legal is on page __ of document.</b>  Assessor's Property Tax Parcel/Account Number  4088-001-009-0014/P72626
<b>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.</b>

## DURABLE POWER OF ATTORNEY

**WENDY DIANE SEBASTION**, the undersigned individual, domiciled and residing in the State of Washington, designates the following named person as Attorney in Fact to act for the undersigned as the Principal who may hereafter become disabled or incompetent.

1. Designation. **DEBORAH L. WAKE** is designated as my Attorney in Fact. If she is unable or unwilling to act as my Attorney in Fact, I designation **ASHLEY LYNN WAKE** as alternate Attorney in Fact.

Health care information. It is my intend that my sisters, **DEBORAH L. WAKE AND TERESA A. SYLVESTER**, be authorized to receive information relating to my health, whether or not they are then acting as my attorney in fact. Accordingly, any of the above named two persons is authorized to request, review, and receive any information, verbal or written, regarding my physical or mental health, included, but not limited to, medical and hospital records whether or note she is then acting as my attorney in fact.

**2. Powers.**

- (a) **General Powers.** The Attorney in Fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the Principal, whether located within or without the State of Washington. Without limiting the powers herein, the Attorney in Fact shall have full power, right and authority to convey, sell, lease, rent, exchange, hypothecate, mortgage and otherwise deal in and with any and all property, real or personal, belonging to the Principal the same as if she were the absolute owner thereof. In addition, the Attorney in Fact shall have specific powers including, but not limited to the following:
- (i) **Real Property.** The Attorney in Fact shall have authority to purchase, take possession of, lease, sell, convey, exchange release and encumber real property or any interest in real property.
  - (ii) **Personal Property.** The Attorney in Fact shall have authority to purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release mortgage and pledge personal property of any interest in personal property.
  - (iii) **Claims Against Principal.** The Attorney in Fact shall have authority to pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against the Principal and, in so doing, may use any of the assets of the attorney-in-fact and obtain reimbursement out of the Principal's funds or other assets.
  - (iv) **Financial Accounts.** The Attorney in Fact shall have the authority to deal with accounts maintained by or on behalf of the Principal with instructions (including, without limitation, banks, savings and loan associations, credit unions, securities dealers). This shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts and to make deposits and withdrawals with respect to all such accounts.

- The Attorney in Fact has the power and authority to do all of the following:**

- (A) Request, review and receive any information, verbal or written, regarding the Principal's physical or mental health, including, but not limited to, medical and hospital records.

- (B) Execute, on the Principal's behalf, any releases or other documents that may be required in order to obtain the above information.
- (C) Consent to the disclosure of the above information.
- (D) Consent to the donation of any of the Principal's organs for medical purposes.
- (iii) **Signing Documents, Waiver, and Releases.** Where necessary to implement the health care decisions that the Attorney in Fact is authorized by this document to make, the Attorney in Fact has the power and authority to exercise and execute, on the Principal's behalf, all the following
- (A) Documents titled or purporting to be a "Refusal to Permit Treatment; and "Leaving Hospital Against Medical Advice."
- (B) Any necessary waiver or release from liability required by a hospital or physician.
- (iv) **Prior Designations Revoked.** This Durable Power of Attorney revokes any prior Durable Power of Attorney for health care.
3. **Intent to Obviate Need for Guardianship.** It is the Principal's intent that the power give to the Attorney in Fact designated herein be interpret to be so broad as to obviate the need for the appointment of a guardian for the person or estate of the Principal. If the appointment of a guardian or limited guardian of the person or estate of the Principal is sought, however, the Principal nominates the then acting Attorney in Fact designated above, if any, as the Principal's guardian or limited guardian, or if no one is then acting as Attorney in Fact, the principal nominates the person designated above as Attorney in Fact and successor Attorneys in Fact as guardian or limited guardian, in the same order of priority.
4. **Effectiveness.** The Power of Attorney shall become effective immediately upon signing and not be affected by any subsequent disability or incompetency of the Principal.
5. **Duration.** This Power of Attorney becomes effective as provided in Section 4 and shall remain in effect to the extent permitted by the laws of the State of Washington or until revoked or terminated under Sections 6 or 7, 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 the Principal with written notice to the designated Attorney in Fact.
7. **Termination.**
- (a) **By Appointment of Guardian.** The appointment of a guardian of the estate of the Principal vests in the guardian, the power to revoke, suspend or terminate this Power of Attorney as to the powers enumerated in subsection (a) and (b) of Section 2 herein. The appointment of a guardian of the person empowers the guardian to revoke, suspend or terminate, with court approval, those powers concerning health care decisions as enumerated in subsection (c) of Section 2 herein.

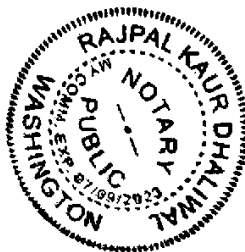
8. Accounting. The Attorney in Fact shall be required to account to any subsequently appointed personal representative.
9. Reliance. The designated and acting Attorney in Fact and all persons dealing with the Attorney in Fact shall be entitled to rely upon this Power of Attorney so long as neither the Attorney in Fact nor any person with whom she 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 representatives of the Principal. In addition, third parties shall be entitled to rely upon a photocopy of the signed original hereof, as opposed to a certified copy of the same.
10. Indemnity. The estate of the Principal shall hold harmless and indemnify the Attorney in Fact from all liability for acts done in good faith and not in fraud of the Principal.
11. Applicable Law. The laws of the State of Washington shall govern this Power of Attorney.
12. Execution. This Power of Attorney is signed on the 8 day of 9 C, 2021, to become effective immediately upon signing.

Wendy Diane Sebastian  
WENDY DIANE SEBASITON

STATE OF WASHINGTON )  
 ) SS  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that **WENDY DIANE SEBASTION** 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: 08/09/2021



NOTARY PUBLIC in and for the State of Washington

My commission expires: 07-07-2022