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Anacortes, WA 98221
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Document Title(s): Power of Attorney
Reference Number(s) of Documents assigned or released: (on page __ of document(s)) n/a
Grantor(s): Lois Irene Boyer
Additional Names on page __ of document.
Grantee(s): Pamela J. Allen
Additional Names on page __ of document.
Abbreviated Legal Description: Lot 37, Skyline No. 10
Additional legal is on page __ of document.
Tax Parcel Number(s): 3826-000-037-0003/P59947

GENERAL DURABLE POWER OF ATTORNEY

I, Lois I. Boyer, also referred to in various parts herein as "the Principal," a resident of Skagit County, State of Washington, acting as authorized by the Revised Code of Washington, hereby designate the following named person(s) as my Agent (for which an alternate and synonymous term is "Attorney-in-Fact"), to act for me, in accordance with the authority laid out below. For the terminology of this Power of Attorney, the terms "my Agent" or "the Agent" refer to the person or persons so designated herein, and not to any other Agent of any type.

1. **Designation.** I hereby designate my son, Patrick J. Boyer, presently of Kirkland, Washington, and my daughter, Pamela J. Allen, presently of Anacortes, Washington, as Co-Agents. Patrick and Pamela each have full authority to act independently and individually with no requirement for joint action. If for any reason both Patrick and Pamela become unable or unwilling to act, then I designate my daughter, Christine R. Reams, presently of Clear Lake Oaks, California, as my alternate agent. Further, any alternate Agent designated herein shall have the same authority, rights and obligations as the primary Agent.

2. **Effectiveness; Duration.** This Power of Attorney shall take effect immediately, shall not be affected thereafter by my disability or incapacity, and shall continue until revoked or terminated under paragraph 4, notwithstanding any uncertainty as to whether I may still be alive.

3. **Powers.** My Agent shall have the powers laid out below over my assets and liabilities, whether such assets be located within or without the State of Washington. My Agent shall also have the authority laid out below relative to certain Trust matters, specifically, to include acting for me as the beneficiary of any Trust, and also specifically to include acting for me as the Trustee of any Trust for which I am designated as a Trustee, whether as a sole Trustee or a co-Trustee.

3.1 **Medical Records and Information.** In conjunction with the designations above, it is my specific direction that any health care provider or insurer shall provide any and all information to my Agent designated herein, it being among my purposes that my Agent shall be able to take actions such as I would take concerning the financial implications of any medical treatment for me. It is my aim that this authorization to provide information shall satisfy any requirements of the Health Insurance Portability and Accountability Act, commonly referred to as HIPAA.

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3.2 Real Property. The Agent shall have the authority to purchase, take possession of, lease, sell, convey, exchange, mortgage, release, and encumber real property or any interest in real property, including my homestead interest in any real property.

3.3 Personal Property. The Agent shall have the authority to purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage, and pledge any personal property or any interest in personal property.

3.4 Financial Accounts. The Agent shall have the authority to deal with accounts maintained by me or on my behalf with institutions (including, without limitation, banks, savings and loan associations, credit unions, and securities dealers). This shall include the authority to maintain and close existing accounts; to open, maintain, and close other accounts; and to make deposits, transfers, and withdrawals with respect to all such accounts.

3.5 United States Treasury Bonds. The Agent shall have the authority to purchase United States Treasury Bonds.

3.6 Monies Due. The Agent shall have the authority to request, demand, recover, collect, endorse, and receive all monies, debts, accounts, gifts, bequests, dividends, annuities, rents, retirement benefits, pensions, and payments due to me.

3.7 Claims Against Principal. The Agent shall have the authority to pay, settle, compromise, or otherwise discharge any and all claims of liability or indebtedness against me, and, in so doing, use any of my funds or other assets or use funds or other assets of the Agent and obtain reimbursement from my funds or other assets.

3.8 Legal Proceedings. The Agent shall have the authority to participate in any legal action in my name or otherwise. This shall include (a) actions for attachment, execution, eviction, foreclosure, indemnity, and any other proceeding for equitable or injunctive relief and (b) legal proceedings in connection with the authority granted in this instrument.

3.9 Written Instruments. The Agent shall have the authority to sign, seal, execute, deliver, and acknowledge all written instruments and do and perform each and every act and thing whatsoever which may be necessary or proper in the exercise of the powers and authority granted to the Agent as fully as I could do if personally present.

3.10 Safe Deposit Box. The Agent shall have the authority to enter any safe deposit box to which I have a right of access.

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3.11 Qualifying for Benefits. The Agent shall have the authority to transfer assets by gift or otherwise for the purposes of my qualifying for government benefits including, but not limited to, Medicare and Medicaid, but this authority to make gifts does not extend beyond those for the purpose of qualifying for such benefits.

3.12 Transfers to Trust. The Agent shall have the authority to transfer assets of all kinds to the Trustee of any trust which:

- a. I have created, or
- b. Is created by a third party and is for my sole benefit during my lifetime, which terminates at my death, and under which the property is distributable to the Personal Representative of my Estate.

3.13 Tax Matters. The Agent shall have the authority to prepare and file all income tax or other tax returns which the Principal is required to sign, whether those returns be federal or state, and shall further have the authority to engage tax preparers and advisors. The Agent is specifically authorized to have access to confidential information, to receive checks or other payments for refund of taxes, and, in general, to do any act which may be proper for the Principal to accomplish with regard to taxes.

4. Termination. This Power of Attorney may be terminated by the following:

- a. My written notice to the Agent, and if this Power of Attorney has been recorded, by recording the written instrument of revocation in the office of the recorder or auditor of the place where the power was recorded;
- b. Appointment of a guardian of my estate by a Court of competent jurisdiction, unless the Court specifies otherwise in such appointment; or
- c. By my death, upon actual knowledge or receipt of written notice by the Agent.

5. Accounting. Upon my request, or the request of any guardian of my Estate, or the Personal Representative of my Estate, the Agent shall be required to account for all actions taken by the Agent for or on my behalf.

6. Reliance. The designated and acting Agent and all persons dealing with the Agent shall be entitled to rely upon this Power of Attorney so long as neither the Agent, nor any person with whom they are 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

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Power of Attorney, by death or otherwise. Any actions so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or Personal Representatives.

7. **Indemnity.** For all acts done in good faith, the Agent shall incur no personal liability for acts done pursuant to this Power of Attorney and on my behalf, and my Estate shall hold harmless and indemnify the Agent from all liability for acts done in accordance therewith.

8. **Revocation of Prior Powers of Attorney.** This document hereby revokes any Power of Attorney I previously executed, except for:

a. Any Health Care or Medical Power of Attorney which shall remain valid notwithstanding this power of attorney.

9. **Applicable Law.** The laws of the State of Washington shall govern this Power of Attorney.

DONE this 16TH day of March, 2023.

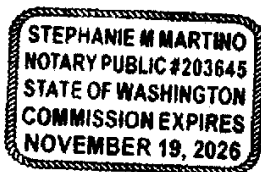
Lois I. Boyer

Lois I. Boyer

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Lois I. Boyer signed this instrument in my presence and acknowledged it to be her free and voluntary act for the uses and purposes therein mentioned.

Dated this 16TH day of March, 2023.



Stephanie M. Martino

Stephanie M. Martino
Notary Public in and for the State of
Washington, residing at Anacortes.
My appointment expires 11/19/2026.

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