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Document Title(s): Durable and General Power of Attorney
Reference Number(s) of Documents assigned or released: (on page __ of document(s))
Grantor(s): Susan Horak Additional Names on page __ of document.
Grantee(s): Richard Horak Additional Names on page __ of document.
Abbreviated Legal Description: Lots 15 & 16, Blk 155, Anacortes Additional legal is on page __ of document.
Tax Parcel Number(s): 3772-155-016-0004/P55972

FILED FOR RECORD AT REQUEST OF:

**DURABLE AND GENERAL
POWER OF ATTORNEY
FOR
SUSAN HORAK**

THE UNDERSIGNED PRINCIPAL, SUSAN HORAK, domiciled and residing in the County of Skagit, State of Washington, as authorized by the Revised Code of Washington, Chapter 11.94, designates the following named person as attorney-in-fact to act for the undersigned as the Principal.

1. DESIGNATION. RICHARD HORAK is hereby designated as attorney-in-fact for the Principal. In the event RICHARD HORAK is unable or unwilling to act, SHELLEY HORAK is designated to act as attorney-in-fact for the Principal. In the event SHELLEY HORAK is unable or unwilling to act, SAMANTHA HORAK is designated to act as attorney-in-fact for the Principal. In the event that a guardianship or limited guardianship of the person or estate of the Principal is necessary, the Principal designates that attorney-in-fact designated herein to serve in that role, subject to the confirmation of the Court.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY.

THE POWERS, RESTRICTIONS AND RIGHTS provided for herein for my attorney-in-fact, unless otherwise specifically stated herein, shall likewise apply to my alternate attorney-in-fact if then serving, all pursuant to the provisions set forth herein.

2. POWERS OVER FINANCIAL ACCOUNTS; BENEFITS; AND REAL AND PERSONAL PROPERTY.

a. Finances and Accounts: GIVING AND GRANTING unto my attorney-in-fact full power and authority to sell, convey, encumber and/or contract to sell, convey and/or encumber or otherwise deal with and/or dispose of any real property or proceeds therefrom and to withdraw, write checks or, open and close, move, any bank accounts, deposits or certificates in my name, or otherwise deal with the same and to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully and to all intents and purposes as I might or could do if personally present, and competent.

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I empower my attorney-in-fact to have all powers relating to banking and other financial institution transactions.

b. Electronic, Digital and Internet Rights and Accounts.: My said attorney-in-fact shall have all authorization to utilize all of my electronic means, accounts and authority to accomplish the purposes set forth in this Power of Attorney. This includes the right to set up on-line bill pay and any other internet banking service and use the same as needed.

I grant powers, as fiduciary, to my attorney-in-fact equivalent to those I have and future powers I may acquire with regards to any on line accounts for automatic withdrawals and deposits. This power of attorney shall be effective for all electronic, facsimile and in-person banking activity.

My attorney-in-fact shall have power to access, use and control my digital devices, including desktops, laptops, tablets, peripherals, storage devices, mobile phones, smartphones and any similar digital device which currently exists or may exist as technology develops and may hire third parties to access otherwise "protected" information. My attorney-in-fact shall have the power to access, modify, delete, control and transfer my digital assets. My attorney-in-fact shall have the right to purchase, contract and use all my technological devices.

c. Powers over Real and Personal Property: I grant powers unto my said attorney-in-fact full power and authority to perform all and every act whatsoever requisite and necessary to be done as I might or could do if personally present including the following specific powers:

I grant powers, as fiduciary, to my attorney-in-fact equivalent to those of an absolute owner of my assets/property, community, separate, real, personal, tangible and intangible, regardless of location and type of property.

d. Business rights and interests: I grant powers, as fiduciary, to my attorney-in-fact equivalent to those I have and future powers I may acquire as a director, partner, member, owner or agent of any and all Limited Liability Corporations, Sub-S Corporations or other business entities within or outside of the state of Washington. This power includes voting rights, membership rights, rights to inquire and receive information and tax powers. I authorize my attorney-in-fact to act as a proxy in respect to any stock, shares, bonds, or other securities or investments, rights or interest that I may hereafter hold.

e. Retirement Interest: I grant powers, as fiduciary, to my attorney-in-fact equivalent to those I have and future powers I may acquire with regards to any and all pensions and retirement benefits including government or work related benefits, including but not limited to Medical coverage, 401 k (Voluntary Investment Plan) and Financial Security Plan (FSP), pension coverage and benefits. My attorney-in-fact shall have authority to act in my stead and on my behalf in any way he or she deems necessary or prudent with regards to any company or organization managing retirement benefits, medical or insurance coverage for me. My attorney-

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in-fact shall have all authority as I would if capable including authority to continue coverage and execute annual elections.

f. SOCIAL SECURITY, Medicare, Medicaid, including part A and part B or other, SSI or any benefits available to me may be paid directly to my attorney-in-fact. My attorney-in-fact shall receive, deposit, hold, invest or cash all payment from Social Security or any other government program or agency, annuities, pension and retirement benefits, insurance benefits and proceeds and may request, ask, demand and sue for and recover the same.

g. Broad Powers over all matters: I grant powers to sell, convey, encumber and/or contract to sell, convey and/or encumber or otherwise deal with other real property or proceeds therefrom and generally to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, due, owing, payable or belonging to me and have, use and take all lawful ways and means in my name, or otherwise, for the recovery thereof, by attachments, arrest, distress or otherwise, and to compromise and agree for the same, for me and in my name, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments, and accept the seizing and possession of all lands, and all deeds and other assurances in the law therefore, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage, and hypothecate lands, tenements and hereditaments, upon such terms and conditions and under such covenants as he/she shall think fit; to assign and transfer any note or mortgage. Also to bargain and agree for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, chooses in action and other property, in possession or in action and to release mortgages on lands or chattels, and to make, do and transact all and every kind of business of whatsoever nature and kind, and also for me and in my name and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments of lease, covenants, indentures, agreements, mortgages, bonds, stocks, stock certificates, pensions, annuities, individual retirement accounts, notes, receipts, evidences of debt, releases and satisfactions of mortgage, judgment and other debts, and such other instruments in writing of whatsoever kind or nature as may be necessary or proper in the premises.

h. Safe deposit box: MY ATTORNEY-IN-FACT shall also have access to any safe deposit boxes in my name and has the right to remove any contents.

i. Insurance: My attorney-in-fact shall have all powers over insurance transactions including the power to procure, pay, eliminate, change, or otherwise contract with insurance companies and agents.

3. MEDICAL TREATMENT/NON-TREATMENT AUTHORIZATION

My attorney in fact shall also have the sole and exclusive authority to determine medical treatment or non-treatment for myself, if I am physically or mentally incapacitated or otherwise unable to make such authorization for myself, including authorization for emergency

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care, hospitalization, surgery, therapy, and/or any other kind of treatment and/or nursing home care, which my true and lawful attorney shall in his discretion, think necessary and to also have the power to execute on my behalf a Directive to Physicians as authorized by RCW 7.70.065 and 70.122.010 et seq.

If I am either incapacitated or unable to adequately care for myself, my attorney-in-fact shall ensure that my funds are first and primarily used for providing highest quality nursing home or assisted living care.

My attorney-in-fact may consent on my behalf to all health related medical decisions which shall include, but not be limited to, the following:

- 3.1 Decisions regarding surgeries and medical procedures which may involve medication and ongoing medical treatment;
- 3.2 Decisions regarding insurance or financial assistance as it relates to health care, maintenance and urgent necessities for me;
- 3.3 Decisions regarding informed consent as it relates to determining whether to continue or discontinue certain treatments or procedures;
- 3.4 Decisions regarding personal care such as determination of living arrangements and caregivers; and
- 3.5 Decisions regarding personal well being such as determination of psychological impacts and needs.
- 3.6 Oversee and ensure that adequate and complete pain control and anxiety control is maintained.

4. RESTRICTION ON POWER/LIMITED GIFTING:

A. Unless otherwise stated herein, my attorney-in-fact shall not have the authority to make, alter, revoke or change any testamentary dispositions of my property whether by will or otherwise.

B. My attorney-in-fact shall also be authorized to make annual gifts from my estate, in accordance with the pattern of making gifts to such beneficiaries and charities that I have previously established and/or that I may have planned, up to and not to exceed the maximum amount of the then present annual Federal Gift Tax Exclusion for each such beneficiary, so long as the fair market value of my net estate be of a value not less than the maximum amount that can pass free of any federal estate tax and free of any state inheritance tax then in such event, the gifts provided for herein may only continue to be made in the event the making of such gifts would not jeopardize the standard of living to which I am accustomed.

5. DISCLAIM ANY INTEREST

My attorney-in-fact shall also be authorized to disclaim, in whole and in part any interest in property, whether outright, in trust or otherwise, so long as in the sole discretion of my attorney-in-fact, such disclaimer would not be detrimental to my best interest and would be in the best interest of those interested in my estate and those who take as a result of any such disclaimer, and to further decline to act or serve or to resign if appointed or serving as an officer, director, personal representative, trustee or other fiduciary.

6. TAXES

My attorney-in-fact shall have the power to submit all federal, state, and local income, gift, and other tax returns of all kinds on my behalf and to pay all such taxes as may be due; to represent me during audits, appeals, and lawsuits related to any income, gift, or other tax return filed on my behalf, and to pay any assessments for interest or penalties levied against me in connection with such tax returns; and to complete and execute Internal Revenue Service Form a2848 (or any similar form granting authority to act for me) and to act as attorney-in-fact thereunder, with respect to any tax year liability of mine.

7. COMPENSATION/EXPENSES

THAT my attorney-in-fact is entitled to receive reasonable compensation or be compensated through gifting.

8. REVOCATION OF POWER OF ATTORNEY

I may revoke, suspend or terminate this power of attorney by providing written notice of the same to my said attorney-in-fact. In addition, if this power of attorney has been recorded, the written instrument of revocation shall be recorded in the office of the recorder or auditor of any county in which the power of attorney is recorded.

9. TERMINATION OF POWER OF ATTORNEY This Power of Attorney may also be terminated as follows:

A. By Appointment of Guardian. The appointment of a guardian of my estate 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. My death shall be deemed to revoke this power of attorney at the time my attorney-in-fact receives actual knowledge or actual notice of such death.

10. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") AUTHORIZATION FOR USE.

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My attorney-in-fact shall be synonymous with the term "Personal Representative" as defined in the HIPAA, Limiting Uses and Disclosures to the Minimum Necessary. My attorney-in-fact shall also have all authority as I myself would as an "authorized individual" as defined in the act when my attorney-in-fact request access to, or an accounting of disclosures of, my protected health information.

As defined in the act, "the minimum necessary requirement is not imposed for disclosure to an individual who is the subject of the information (myself), or the individual's personal representative." The Privacy Rule requires a covered entity to treat "personal representative" the same as the individual, with respect to uses and disclosures of the individual's protected health information, as well as the individual's rights under the Rule. A "personal representative" as defined in the Privacy Rule is "a person legally authorized to make health care decisions on an individual's behalf," i.e. Attorney-in-Fact. 45 C.F.R section 164.502(g).

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this my Durable General Power of Attorney, and have initialed and dated the preceding pages for purposes of identification on this 13 day of Jan, 2025.

Susan Horak
SUSAN HORAK

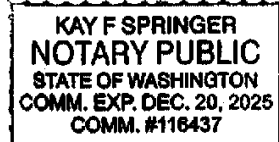
STATE OF WASHINGTON)

) ss.

COUNTY OF SKAGIT)

On the date above-mentioned, personally appeared before me SUSAN HORAK, known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 13 day of Jan, 2025.



Kay F. Springer
NOTARY PUBLIC in and for the State of WA
residing at
My commission expires: 12-20-2025

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