

When recorded return to:  
Chicago Title  
C/O Kayla Skinner  
32650 SR 20 Suite E202  
Oak Harbor, WA 98277

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10/24/2025 01:52 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Filed for record at the request of:



CHICAGO TITLE  
COMPANY OF WASHINGTON

32650 State Route 20, Ste. E 202  
Oak Harbor, WA 98277

Escrow No.: 245474583

CTL 620060246

DOCUMENT TITLE(S)

Durable Power of Attorney

GRANTOR(S)

Richard V. Stockwell

GRANTEE(S)

Susan Sandberg

LEGAL DESCRIPTION

Lot 812, AMENDED SURVEY OF SHELTER BAY DIV. 5, Tribal and Allotted Lands of Swinomish Indian Reservation,

according to the plat thereof, recorded on June 2, 1976, in Volume 1 of Surveys, pages 184 through 186, under Auditor's

File No. 836134, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TAX PARCEL NUMBER(S)

P129470

DURABLE POWER OF ATTORNEY  
INCLUDING HEALTH CARE DECISIONS

KNOW ALL MEN BY THESE PRESENTS, That **RICHARD V STOCKWELL** am over eighteen years of age and of sound mind.

I have made, constituted, and appointed, and by these presents do make, constitute, and appoint, **SUSAN SANDBERG** as my true and lawful attorney-in-fact, to act for me and in my name, place, and stead to do and perform any and all of the following actions:

To ask, demand, sue for, collect and receive all sums of money, dividends, interest, rent, payments on account of debts and legacies, and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments;

To sell, assign, and transfer stocks and bonds and securities of all kinds in my name and for my account and at such prices as shall seem good to my attorney; to sign, execute, acknowledge, and deliver in my name all transfers and assignments of securities; to borrow money and to pledge my securities or to mortgage my real estate for such loans if, in the judgment of my attorney, such action should be necessary; to consent in my name to reorganizations and mergers, and to exchange securities for new securities;

To take possession of and/or to manage real property, to sell, exchange or convey, any mortgage any part or parts of my real estate or personal property (including, but not limited to, any motorcycles owned by me) for such consideration and upon such terms as my attorney may deem adequate and proper, and to foreclose mortgages and to take title to real or personal property in my name if my attorney thinks proper, to execute, acknowledge, and deliver deeds of real property, bills of sale, or other conveyances of personal property, promissory notes, deeds of trust, mortgages, releases, satisfactions, and other instruments to any real or personal property in which I may have an interest which my attorney considers necessary or in my best interests;

To execute and deliver any contracts or other instruments relating to my affairs, including but not limited to contracts or other instruments relating to the sale, purchase, encumbrance, partitioning, or other dealing with real or personal property and/or relating to carry out the terms of any contracts previously executed by me or in my behalf;

To place and effect insurance, and to modify, amend, or cancel the same and surrender any policy for such purpose; to make and execute claims under any insurance policy, to execute documents in support thereof, and to give releases in connection therewith;

To do business with banks, savings and loan associations, credit unions and similar institutions, and to endorse and negotiate all checks, drafts, bills or notes made payable to my order and collect the proceeds; to sign in my name checks on all accounts standing in my name, and to withdraw funds from my account(s); to have access at any time and from time to time as my deputy to any safe deposit box rented in my name; to open and/or close bank accounts and accounts with savings and loan association, credit unions, and similar institutions, and rent and/or terminate the rental of safe deposit boxes in my name or in the name of my attorney as my attorney-in-fact; and I hereby direct any and all banks, savings and loan associations, credit unions, and safe deposit companies, and/or any other firm, person, or corporation which may have custody or control of any money, accounts, safe deposit boxes, or the contents thereof, to grant access and/or control to my attorney with respect to any of the foregoing accounts and/or safe deposit boxes herein referred to; and that if such access or control shall be denied, any such firm, person, or corporation responsible for such denial shall be as liable for any resulting damage as if I personally had been denied such access or control upon demand made by me personally;

To make, execute, verify, and file income tax returns and all other tax returns of any kind or character, claims for refund, requests for extension of time, waivers and consents, in my name;

To transfer out of my name into the names of other parties the ownership of any bank or savings account, savings and loan account, credit union account, or any certificate of deposit or savings certificate issued by any such institution and/or to transfer my ownership of any such property out of any joint account into my name as a sole account, or out of my sole name into one or more joint accounts with one or more other persons, as joint tenants with rights of survivorship or as tenants by the entirety, and/or to join with other owner(s) of any such property to make any such transfers;

To change the beneficiary or beneficiaries designated on any policy of insurance on my life or of which I am the owner or otherwise have the power to control, to transfer out of my name into the names of other parties the ownership of the whole or any part thereof, or to add or change the designation of any contingent owner(s) of such policy; and

To make decisions on my behalf relating to my health care and medical

treatment, including, but not limited to communicating with my doctors, physicians and health care providers and instructing them regarding my treatment and approving or withholding any treatment, medication, therapy, life support, resuscitation measures or any matter whatsoever pertaining to my wellbeing, health care or treatment.

I hereby give and grant to my attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in the premises, in order to fully carry out and effectuate the authority herein granted, as fully for all intents and purposes as I might or could do if personally present and personally acting, and I hereby ratify and confirm all that my attorney may do pursuant to the powers herein granted.

I hereby further authorize and empower my attorney to substitute and appoint in the place and stead my of attorney one or more attorney or attorneys to exercise for me as my attorney or attorneys any or all of the powers and authorities hereby conferred (except as otherwise specifically herein provided); and to revoke such appointment or appointments from time to time, and to substitute or appoint any other or others in the place of such attorney or attorneys as my attorney herein named shall from time to time think fit.

All references in this document to "my attorney" or "my true and lawful attorney", or similar designations, shall refer not only to the person designated by name in this instrument, but also to each and every substitute or successor attorney in fact appointed under the terms of this instrument as herein provided.


I hereby direct that, to the extent authorized or permitted by applicable law, this power of attorney shall not be affected by my subsequent disability or incapacity. It is my intent that the authority conferred hereby shall be exercisable notwithstanding my disability or incapacity, and that this power of attorney shall, if permitted by applicable law, be what is sometimes referred to as a "durable" power of attorney. In the event applicable law in effect at or any time after the execution of this instrument does not authorize or permit the foregoing direction to be effective, and, if at any later date prior to the revocation of this instrument by a writing executed by me, the applicable law changes (whether by amendment, Court decision, or by a change in my legal residence), then I direct that the foregoing provisions shall thereafter become applicable.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO

## WHETHER I AM DEAD OR ALIVE.

It may be necessary for my attorney-in-fact to have access to my medical records to establish whether medical bills are valid and appropriate or for other purposes. I grant to my attorney-in-fact the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA"), including the authority to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my attorney-in-fact to execute any and all releases or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA. All persons dealing with my attorney may rely upon a photocopy of the fully signed and notarized original of this instrument.

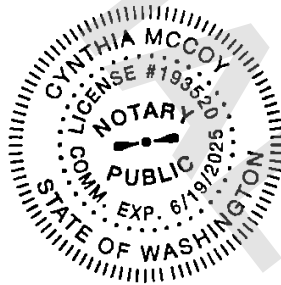
IN WITNESS WHEREOF, I have hereunto set my hand this 14<sup>th</sup>  
day of August, 2023.

  
RICHARD V STOCKWELL

STATE OF Washington )  
 ) SS.  
COUNTY OF Skagit )

BE IT REMEMBERED, That on this 14<sup>th</sup> day of August, 2023, before me, the undersigned Notary Public in and for the county and State aforesaid, came RICHARD STOCKWELL, who is personally known to me to be the same person who executed the foregoing instrument and duly acknowledged the execution of the same as a free act and deed for the purposes therein set forth.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last above written.



  
Notary Public