

When recorded return to:

Lou Anne Grey
371 Leghorn Loop
Las Cruces, NM 88007

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.: 245477135
Chicago Title
245477135

DOCUMENT TITLE(S)

Washington Uniform Power of Attorney

GRANTOR(S)

Lou Anne Grey

GRANTEE(S)

Paul Edward Grey

LEGAL DESCRIPTION

LOT 60, "PLAT OF WOODSIDE PUD DIVISIONS 6 & 7", RECORDED ON JANUARY 28, 2019,
UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 201901280092, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

TAX PARCEL NUMBER(S)

P134542 / 6059-000-060-0000

WASHINGTON
UNIFORM POWER OF ATTORNEY

NOTE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THIS POWER OF ATTORNEY IS NOT AFFECTED BY THE PRINCIPAL'S SUBSEQUENT DISABILITY OR INCAPACITY, OR BY THE LAPSE OF TIME. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, LOU ANNE GREY of 4627 SHANTEL STREET , MOUNT VERNON, WASHINGTON 98274 appoint PAUL EDWARD GREY of 1732 92ND DR SE , LAKE STEVENS, WA 98258 as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

_____ TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

_____ TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

_____ TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) REAL PROPERTY TRANSACTIONS.
- _____ (B) TANGIBLE PERSONAL PROPERTY TRANSACTIONS.
- _____ (C) STOCK AND BOND TRANSACTIONS.
- _____ (D) COMMODITY AND OPTION TRANSACTIONS.
- _____ (E) BANKING AND OTHER FINANCIAL INSTITUTION TRANSACTIONS.
- _____ (F) BUSINESS OPERATING TRANSACTIONS.
- _____ (G) INSURANCE AND ANNUITY TRANSACTIONS.
- _____ (H) ESTATE, TRUST, AND OTHER BENEFICIARY TRANSACTIONS.
- _____ (I) CLAIMS AND LITIGATION.
- _____ (J) PERSONAL AND FAMILY MAINTENANCE.
- _____ (K) BENEFITS FROM SOCIAL SECURITY, MEDICARE, MEDICAID, OR OTHER GOVERNMENTAL PROGRAMS, OR CIVIL OR MILITARY SERVICE.
- _____ (L) RETIREMENT PLAN TRANSACTIONS.
- _____ (M) TAX MATTERS.
- _____ (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

PAH

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

My agent is specifically empowered to direct distributions of principal and interest from any IRA, pension plan, life insurance policy or annuity.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even if I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

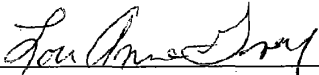
EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. A third party may seek identification. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 17 day of JUNE, 2023.



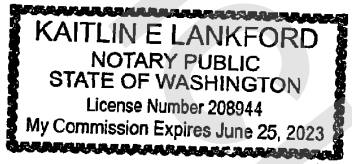
LOU ANNE GREY

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

State of Washington }
County of SKagit }
ss.

This record was acknowledged before me on June 17 2023
Date

by Low Anne Grey
Name(s) of Individual(s)



Kaitlin E Lankford
Signature of Notary Public

Notary Public
Title (Such as "Notary Public")

My commission expires: 6/25/2023

Place Notary Seal and/or Stamp Above