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, Skagit County Auditor

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**RETURN ADDRESS:**

Elliott W. Johnson Inc. P.S.  
711 South First Street  
Mount Vernon, WA 98273

**B62788**

*Please print or type information*

**Document Title(s)** (or transactions contained therein):

1. Power of Attorney
- 2.
- 3.
- 4.

FIRST AMERICAN TITLE CO.

B62788 E-3

**Reference Number(s) of Documents:**

**Grantor(s)** (Last name first, then first name and initials)

1. Avis M. Loop
- 2.
- 3.
- 4.
5.  Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** (Last name first, then first name and initials)

1. Keith L. Halgren
- 2.
- 3.
- 4.
5.  Additional names on page \_\_\_\_\_ of document.

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

Parcel "A":

The North 652 feet of the East 198.5 feet of Government Lot 3, Section 35, Township 36 North, Range 2 East, W.M.; EXCEPT the North 575.88 feet thereof.

Parcel "B":

The West 100 feet of Government Lot 4, Section 35, Township 36 North, Range 2 East, W.M., EXCEPT the North 575.88 feet thereof; ALSO EXCEPT the West 5 feet of that portion thereof lying Southerly of a line which is 652 feet South of the North line of said Government Lot 4; AND ALSO EXCEPT the East 20 feet of the West 100 feet of that portion lying Southerly of the Samish Island Road; AND ALSO EXCEPT County Road.

Additional legal on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number**

360235-0-019-0004 R47376

Additional on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

**General-Durable Power of Attorney**  
**of**  
**Avis M. Loop**  
(Business & Health Care Decisions)

I, Avis M. Loop, a resident of the state of Washington, hereby appoint Keith L. Halgren as my attorney-in-fact to act on my behalf in the management of all my property and the conduct of all my affairs. In the event Keith L. Halgren is unable or unwilling to act, I appoint Diane Loop Bickley as my attorney-in-fact to act on my behalf in the management of all my property and the conduct of all my affairs. In the event Diane Loop Bickley is unable or unwilling to act, I appoint Don Halgren as my attorney-in-fact to act on my behalf in the management of all my property and the conduct of all my affairs.

**I. Business Decisions and Matters**

A. Authority. My attorney-in-fact shall have full power and authority to do anything whatsoever concerning my property and affairs, whether within or without the state of Washington, as fully and effectively as I could do personally. The following powers are examples of the complete and general authority granted by this power of attorney, but are not a limitation of it.

1. To buy, receive, negotiate, contract, agree for, purchase, bargain, lease, accept, or otherwise acquire; to assign, sell, convey, mortgage, hypothecate, pledge, disclaim, quit claim or otherwise encumber or dispose of; to contract or agree for the acquisition, disposal or encumbrance of; or in any manner deal in and with any real or personal property whatsoever or any custody, possession, interest, or right therein, upon such terms as my said attorney-in-fact shall think proper.
2. To plat, short plat, and sub-divide real property, and to apply for and obtain conditional use permits, variances, and any and all other permits which may be required for the legal enjoyment, use and occupancy of real property whether required by local,



city, county, state or federal municipalities, and subdivisions or agencies thereof, to dedicate any street, avenue, alley, place, way or park for public uses.

3. To take, hold, possess, invest, lease, let or otherwise manage any real or personal property or any interest therein; to eject, remove, or relieve tenants or other persons from and recover possession of such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the same or any part thereof.

4. To make, do, and transact all and every kind of business of whatsoever nature or kind, including the receipt, recovery, collection, payment, compromise, settlement, disclaimer, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, demands, debts, taxes, and obligations, which may now or hereafter be due, owing, or payable by me or to me.

5. To make, endorse, accept, bargain, contract, agree for, purchase, take, receive, sign, seal, execute, acknowledge, assign, release, transfer and deliver deeds, assignments, agreements, leases, mortgages, stock certificates, hypothecations, checks, notes, bonds, vouchers, receipts, covenants, indentures, bottomries, charter parties, bills of lading, bills, evidences of debt, and such other instruments in writing or whatever kind and nature as may be necessary, convenient, or proper in the circumstances.

6. To deposit and withdraw, in either my attorney-in-fact's name or my name or jointly in both our names, in or from any banking or financial institution any funds, negotiable paper, or moneys which may come into my said attorney-in-fact's hands as attorney-in-fact, or which I now or hereafter may have on deposit or to which I may be entitled. To gain entry into any and all safety deposit boxes on behalf of the principal.

7. To institute, prosecute, defend, compromise, arbitrate and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation in connection with my assets, liabilities and affairs.

8. To act as my attorney or proxy in respect to any stocks, shares, bonds, or other investments, rights or interests I may now or hereafter hold, whether for voting or transfer or the exercise of rights to subscribe for additional securities, or for any other purpose. To sell, transfer, assign and make gifts of securities, stocks, shares, bonds, unit trusts, mutual funds and any and all other forms of investments (whether or not named herein) to any person or entity whatsoever.



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9. To engage and dismiss agents, counsel, and employees, and to appoint and remove at pleasure any substitute for my attorney-in-fact, all upon such terms as my attorney-in-fact shall think fit.

10. To execute vouchers in my behalf for any amounts properly payable to me by the United States, and to receive, endorse and collect the proceeds of checks payable to my order drawn on the Treasury of the United States.

11. The attorney in fact shall have the power and authority to act for the principal before the Social Security Administration and other agencies, contract for professional services (including health care services) and pay for them, make a valid disclaimer of gifts, make gifts to charities or family members, and fund a standby or other trust or complete funding of a partially funded trust.

12. To prepare, execute and file any tax return or document required by any federal or state government or taxing authority; to represent me as a taxpayer before any office of the Internal Revenue Service with respect to all Internal Revenue tax matters for any past or future tax periods; to receive confidential information and on my behalf to receive, endorse and collect checks in payment of any refund of Internal Revenue tax penalties, or interest; to execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund; to execute consents extending the statutory period for assessment or collection of taxes; to execute any agreements under the Internal Revenue Code; and to delegate authority or substitute another representative.

13. To prepare, serve and file notices and proofs of death and take such other steps as my said attorney-in-fact shall deem necessary and proper to collect any amount which may now or hereafter be due, owing, or payable to me, upon any policies of insurance upon the life of any person or persons whomsoever; to select and exercise any option settlement available under the provisions of any such policies; and to give a full and complete acquittance to the insurer or insurers for any amounts so collected.

14. To have access to any safe deposit box, warehouse, depot, dock or other place of storage or safekeeping, governmental or private; to take possession, and order the removal and shipment, of anything therefrom; and to execute and delivery any release, voucher, receipt, shipping ticket, certificate, or other instrument necessary or convenient for such purpose.

15. I hereby constitute and appoint Keith L. Halgren my agent and attorney-in-fact, with full power and authority for me and in my behalf to subscribe, buy, sell (including short sales), and to trade in stocks bonds, options or any other securities, limited partnership interests or investment and trust units, whether or not in negotiable form, issued or unissued, foreign exchange, commodities, and contracts relating to same (including

*David M. Lusk*



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commodity "futures"), on margin or otherwise, for my account or accounts with you, however designated, and whether presently open or hereafter opened.

You are accordingly authorized and empowered to follow the instructions of my agent and attorney-in-fact in every respect with regard to any such subscriptions, trades, purchases or sales, long or short, on margin or otherwise, for my account(s), and I hereby ratify and confirm any and all transactions, trades, or dealings effected in and for my account(s), by my agent and attorney-in-fact, and agree to indemnify you and hold you, your officers, agents and employees free and harmless of any loss, liability, or damage by reason thereof, which agreement shall survive any termination or revocation of this power of attorney and authorization.

My agent and attorney-in-fact is authorized to receive and vote proxies (or respond to requests for voting instructions) and exercise other rights on my behalf on all securities and other assets for my accounts.

I have inquired as to whether or not my agent and attorney-in-fact is registered (or is otherwise exempt from registration) with the Securities and Exchange Commission under the Investment Advisers Act of 1940 and with the appropriate state authority of my state of residence, where such registration would be required. In addition, I have investigated the business experience, qualifications and reputation of my agent and attorney-in-fact and am satisfied with the experience, qualifications and reputation of my agent and attorney-in-face.

This power of attorney, authorization and indemnity is in addition to (and in no way limits or restricts) any and all rights which you may have under any other agreement or agreements between you and me, and shall inure and continue in favor of you and your successors, by merger, consolidation or otherwise, and assigns, and shall be binding upon my Executor, Administrator, successors, Estate, heirs and assigns.

This power of attorney and authorization shall continue in full force and effect, and you and your officers, agents, employees, successors and assigns shall be indemnified in relying thereon, until you shall receive written notice of revocation thereof, signed by me; or in the event of the termination thereof by my death, until you shall have received actual notice thereof, and such revocation or termination shall in no way affect the validity of this power and my liability under the indemnity herein contained, with reference to any transaction initiated by my agent and attorney-in-fact, prior to the actual receipt by you of notice of such revocation or termination, as above provided.

B. Effectiveness and Duration for Business Decisions. This power of attorney is effective immediately for business matters, and it will not be affected by my subsequent disability. This



power of attorney will remain in effect to the extent permitted by Chapter 11.94 of the Revised Code of Washington or until it is revoked, notwithstanding any uncertainty as to whether I am dead or alive.

## II. Health Care Decisions and Matters

A. Authority for Health Care Matters. My attorney-in-fact shall have full power and authority to do anything whatsoever concerning my health, care and maintenance as fully and effectively as I could do personally.

B. Effectiveness and Duration for Health Care Matters. This power of attorney shall become effective upon the disability or incompetency of the undersigned. Disability shall include the inability to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, dementia, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance. Disability or incompetence shall be evidenced by a written statement of each of two qualified physicians regularly attending the undersigned. Incompetence may also be established by a finding of a court having jurisdiction over the incompetent. This power of attorney will remain in effect to the extent permitted by Chapter 11.94 of the Revised Code of Washington or until it is revoked, notwithstanding any uncertainty as to whether I am dead or alive.

C. Delegation of Health Care Decisions. I hereby grant to my attorney-in-fact full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my attorney-in-fact shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my attorney-in-fact, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services, and procedures.

D. Access to Medical Records. I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my attorney-in-fact all information contained in my medical records which my attorney-in-fact may request. I hereby waive all privileges attached to physician-patient relationship and to any communication, verbal or written, arising out of such a relationship. My attorney-in-fact is authorized to request, receive and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations and health care providers as my attorney-in-fact may designate.

E. Employment Authorization. My attorney-in-fact is authorized to employ and discharge health care providers, including physicians, psychiatrists, dentists, nurses and therapists, as my attorney-in-fact shall deem appropriate for my physical, mental and emotional well-being and to bind me and my estate for payment for their services.

F. Admission to Facilities. My attorney-in-fact is authorized to apply for my admission to a medical, nursing, residential or other similar facility, execute any consent or admission forms required by such facility and enter into agreements for my care at such facility or elsewhere during my lifetime or for such lesser periods of time as my attorney-in-fact may designate.

G. Consent to Procedures. My attorney-in-fact is authorized to arrange for and consent to medical, therapeutical and surgical procedures for me, including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose, or treat a physical or mental condition.

H. Reserved Rights. Notwithstanding any provision herein to the contrary, I retain the right to make medical and other health care decisions for myself so long as I am able to give informed consent with respect to a particular decision. In addition, no treatment may be given to me over my objection, and health care necessary to keep me alive may not be stopped if I object.

III. Withdrawal of Life Support. The attorney in fact shall have the power to choose alternative treatments, including non-treatment and the power to withhold artificial nutrition and hydration as I have directed in a "Living Will" or "Directive to Physicians."

#### IV. General Provisions

A. Nomination of Guardian. I nominate my attorney-in-fact as guardian or limited guardian of my person for consideration by the court if protective proceedings for my person are hereafter commenced.

B. Ratification and Indemnity. I hereby ratify all that my attorneys-in-fact shall lawfully do or cause to be done by virtue of this document, and I shall hold harmless and indemnify my attorney-in-fact from all liability for acts done in good faith.

C. Parties Bound. I declare that any act or thing lawfully done hereunder by my attorney-in-fact shall be binding on me, my heirs and devisees, my legal and personal representatives, and assigns.

D. 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 he was dealing at the time of any act taken pursuant to this power of attorney, has 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

*Anne M. Loop*



personal representatives of the principal. The attorney-in-fact shall be required to account to any subsequently appointed personal representative.

E. Applicable Law. The laws of the state of Washington shall govern this power of attorney. However, should the laws of the state of Washington change, and said change grants greater powers and rights to attorneys in fact, it is my intent that my attorney in fact have such greater powers and rights as may be then allowed by law. If a change in the law serves to restrict the powers and rights of an attorney in fact, it is my direction and desire that any greater powers and rights as may be granted in this power of attorney shall control.

F. Revocation. I may revoke this power of attorney by written notice mailed or delivered to my attorney-in-fact. If a copy of that revocation is to be recorded as permitted by law, it shall be accompanied by my affidavit that it has been mailed or delivered to my attorney-in-fact.

In witness of this, I have signed on May 7, 1996.

Avis M. Loop  
Avis M. Loop

Arnie M. Nelson  
Witness

[Signature]  
Witness

STATE OF WASHINGTON) ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that Avis M. Loop signed this instrument and acknowledged it to be her free and voluntary act for these uses and purposes mentioned in this instrument.

GIVEN under my signature and official seal on May 7, 1996.

[Signature]  
Notary Public  
My commission expires: 6-1-98

