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11/12/2014 Page 1 of 6 11:38AM

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CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273
Escrow No.: 620022603

DOCUMENT TITLE(S)

Durable Power of Attorney

CHICAGO TITLE
620022603

GRANTOR(S)

Ann Burk Gayle

Additional names on page _____ of document

GRANTEE(S)

Deborah L. Gayle

Additional names on page _____ of document

FULL LEGAL DESCRIPTION

Lots 15, 16 and 17, Block 61, MAP OF THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, pages 4, 5, 6 and 7, records of Skagit County, Washington.

Situated in Skagit County, Wasington.

TAX PARCEL NUMBER(S)

P55305 / 3772-061-017-0003

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

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

DURABLE POWER OF ATTORNEY

THIS POWER OF ATTORNEY is given by W. Ann Burk Gayle of 1110 8th St., #319, Anacortes, WA 98221.

I, W. Ann Burk Gayle, hereby appoint my daughter, Deborah L. Gayle, of 3234 NE 87th St., P.O. Box 15306, Seattle, WA 98115; to be my attorney-in-fact and I authorize Deborah L. Gayle to act for me in the capacity of my agent, subject to any conditions and restrictions contained herein.

1. AUTHORITY TO ACT

Deborah L. Gayle is authorized to exercise all powers in my best interests and for my welfare. I authorize Deborah L. Gayle to act, as indicated below, in my name, place and stead in any way which I myself could do if I were personally present, to the full extent that I am permitted by law to act through an agent. I hereby, ratify and confirm all that Deborah L. Gayle shall do or cause to be done under this Power of Attorney. In addition, Deborah L. Gayle shall keep accurate records of every action taken on my behalf.

2. EFFECTIVE DATE AND TERM

This Power of Attorney comes into effect as of 10-1-2014. This Power of Attorney shall remain effective indefinitely.

3. DURABILITY

This Power of Attorney shall not be affected by my subsequent disability or incapacity, and shall remain effective until my death, or until revoked by me, in writing.

4. POWERS OF AGENT

Deborah L. Gayle shall have the full power and authority to manage and conduct all of my affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:

- a. **Collect and Manage.** To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of the real or personal property I currently own. To receive any income owing to me on my property and to execute and deliver any receipts, releases or discharges relating to this income.
- b. **Payments.** To pay any debt, claims and demands for which I am liable and execute any written documents pertaining to these transactions including but not limited to receipts, releases and discharges.
- c. **Buy and Sell.** To purchase, sell, mortgage, transfer, grant options, or exchange any of my real property or personal property including securities, tangible or intangible, or any interest therein, upon such terms as Deborah L. Gayle considers proper and to execute and deliver



any deeds, leases, or other agreements or covenants necessary for such purchase or sale or transfer.

- d. **Borrow.** To borrow money for me, including but not limited to bank loans, unsecured loans, secured loans, credit card loans, at any time and for any purpose, as Deborah L. Gayle considers appropriate. To execute and deliver any bond, note or other written evidence of debt, and, as security therefore, to give any mortgage, deed of trust or other security instrument and to endorse, assign, pledge and hypothecate any securities, insurance policies or other tangible or intangible personal property.
- e. **Business.** To conduct and participate in any kind of lawful business venture of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business that I am directly involved with.
- f. **Tax Returns and Reports.** To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service.
- g. **Handle Legal Affairs.** To employ and compensate attorneys, accountants and other agents with personal liability for neglect or wrongdoing of any of them selected with reasonable care; to represent me before any administrative or judicial body in any proceeding.
- h. **Power to Obtain Insurance.** To apply, obtain and pay for any life insurance, medical insurance, disability insurance, or any other private or public insurance benefit, and to surrender and rescind any insurance policy obtained by either me or Deborah L. Gayle.
- i. **Safe Deposit Boxes.** To have access to any safety deposit box registered in my name alone or jointly with others, and to deposit or withdraw any property or papers therefrom.
- j. **Proxy Rights.** To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold.
- k. **Legal and Administrative Proceedings.** To institute, maintain and prosecute, compromise, settle or dismiss actions for the recovery, collection and receipt of any goods, debts, claims, demands, rents, duties which are due to me, and to defend any action that may be instituted against me in any court of law.
- l. **Health Care Decisions.** To make any and all health care decisions for me, including the power to make decisions on treatment options, life sustaining treatment, and artificially provided food and hydration. In addition, Deborah L. Gayle shall have the power to access my medical records and pay or dispute any and all health care related charges.
- m. **Transfers in Trust.** To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit.



n. **Digital Assets.** The Agent shall have the power and authority to maintain, manage and terminate my digital assets. Digital assets are assets that are hosted on the internet or on a network. These digital assets can include, but are not limited to, my social networking pages, my picture sharing pages, email accounts, digital currency, digital bank and investment accounts, and anything that is similar.

o. **Delegation of Authority.** To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as Deborah L. Gayle determines.

5. RELIANCE BY THIRD PARTIES

Third parties may rely upon the representations of Deborah L. Gayle as to all matters regarding powers granted to Deborah L. Gayle. No person who acts in reliance on the representations of Deborah L. Gayle or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting Deborah L. Gayle to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.

6. INDEMNIFICATION OF AGENT

Deborah L. Gayle shall not be liable for errors while acting in good faith, but shall be liable for his or her own willful misconduct or gross negligence while acting under this authority of this Power of Attorney.

7. ORIGINAL COUNTERPARTS

Photocopies of this signed Power of Attorney shall be treated as original counterparts.

8. CHOICE OF LAW

All questions concerning the validity and construction of this Power of Attorney shall be determined under the laws of the state of WASHINGTON.

9. SEVERABILITY

If any of the provisions of this Power of Attorney are found to be invalid for any reason, such validity shall not affect any of the other provisions of the Power of Attorney, and such invalid provision shall be wholly disregarded.

EXECUTED in the City of Anacortes, in the State of WA, this in the presence of both witnesses, each present at the same time.

I hereby sign this document voluntarily, and I understand its purpose. I declare this to be my last Power of Attorney.

Signature of W. Ann Burk Gayle: W. Ann Gayle

Date of Signature: 10/1/14



WITNESS ATTESTATION

We have witnessed the execution of this Power of Attorney by W. Ann Burk Gayle. We hereby attest that W. Ann Burk Gayle was of sound mind and not unduly influenced when executing this Power of Attorney. We hereby execute this witness attestation in the presence of W. Ann Burk Gayle and in the presence of each other.

Witness #1:

Signature: _____

Date Signed: _____

Print Name: _____

Address: _____

Witness #2:

Signature: _____

Date Signed: _____

Print Name: _____

Address: _____



201411120055

Notary Form

STATE OF WASHINGTON
COUNTY OF SKAGIT

On 10/1/14 before me, Brenden D Jones,
personally appeared W Ann Burk Boyle, personally
known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed
the instrument.

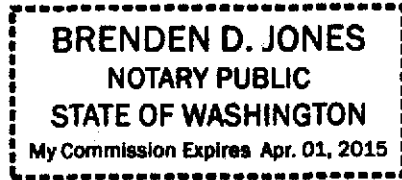
WITNESS my hand and official seal.


Signature

Affiant: Known Unknown

ID Produced: WADL # GAYLEAB824J4

[Seal]



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