Return Address:

Jason C. Roman 16103 Mt. View Road Mt. Vernon, WA 98274



5/27/2016 Page

1 of

\$76.00

4 2:32PM

Document Title(s) (for transactions contained therein):	
1. Power of Attorney	
Reference Number(s) of Documents assigned or released:	
(on page of documents(s))	
Grantor(s)	
1. Omar R. Chevez	H
2.	4154648-
Additional Names on page of document.	#154648-
Grantee(s)	
1. Jason C. Roman	U
2.	
Additional Names on page of document.	
Legal Description (abbreviated i.e. lot, block, plat or section, to	wnship, range)
	Land Title and Escrow
	Land This and Louis.
Additional legal is on page of document.	
Assessor's Property Tax Parcel/Account Number	
Assessor's Property Tax Parcel/Account Number P40491	
P40491	
P40491 The Auditor/Recorder will rely on information provided on the	e form. The staff will not read
The Auditor/Recorder will rely on information provided on the the document to verify the accuracy or completeness of the	e form. The staff will not read ndexing information provided
P40491 The Auditor/Recorder will rely on information provided on the	e form. The staff will not read ndexing information provided
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P40491 The Auditor/Recorder will rely on information provided on the document to verify the accuracy or completeness of the herein. I am requesting an emergency nonstandard recording for an	ndexing information provided a additional fee as provided
The Auditor/Recorder will rely on information provided on the the document to verify the accuracy or completeness of the herein. I am requesting an emergency nonstandard recording for an in RCW 36.18.010. I understand that the recording processing the standard recording the standard	ndexing information provided a additional fee as provided ng requirements may cover
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The Auditor/Recorder will rely on information provided on the the document to verify the accuracy or completeness of their herein. I am requesting an emergency nonstandard recording for an in RCW 36.18.010. I understand that the recording processing or otherwise obscure some part of the text of the original Signature of Requesting Party (Required for non-standard recording processing Party).	n additional fee as provided ng requirements may cover document.
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Filed for record at the request of:
DURABLE POWER OF ATTORNEY
I, OWAR R. CHEVEZ resident of the State of Washington,
revoke any powers of attorney I may have given in the past and give
Tason C. Roman (referred to below as "the agent") a durable
power of attorney. I intend that it not be firmited by any disability I may have in the future.
1. POWERS
A. The agent shall act on my behalf and for my benefit, and shall have all powers
over my estate that I have or acquire. These shall include, but not be limited to, the following:
the power to make deposits to, and payments from, any account in my name in any financial
institution; the power to open and remove items from any safe deposit box in my name; the
power to sell, exchange or transfer title to stocks, bonds or other securities; the power to sell,
convey or encumber any real or personal property.
B. The agent shall have the power to consent to, or to withhold consent from,
medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health and comfort; the agent shall be entitled to obtain and use any of my medical
records or other individually identifiable health information to the same extent as I would
myself. This is intended as a full release of all information governed by the Health Insurance
Portability and Accountability Act of 1996 (HIPAA).
C. I authorize the agent to revoke any community property agreement and to
transfer any property to my spouse or registered domestic partner as a gift. och (Initial here

if revocation of a community property agreement and gifts to a spouse or registered domestic

partner are authorized. If they are not authorized, cross out all of paragraph C.)

ere ^{ere}	
	D. I authorize the agent to make gifts of my property to the following person or
	persons Gifts under this paragraph
	may bein any amount
	not more than \$per year
	(If gifts are authorized under paragraph D, either initial next to "in any amount" or initial next to
	"no more than" and fill in a dollar amount. If gifts are not authorized, cross out all of paragraph
	D.)
	No gift may be made under this power of attorney, except to a spouse or registered domestic
	partner if authorized under paragraph 1(C), unless authorized by this paragraph.
	2. EFFECTIVE DATE, REVOCATION AND DISPOSITION OF REMAINS
	A. This power of attorney shall become effective (initial the choice that applies):
	N-18-15 immediately
	only when my agent certifies in writing that I lack the mental capacity to make
	important decisions independently. (This certification may be made using the box at the end of
	this document, or may be made in a separate writing.)
	B. It shall remain in offeet until revolved as well 12.
	B. It shall remain in effect until revoked or until Juntil the house sails or 130
	or [] my death. Oo4 of Sail
	C. After my death, my agent shall have the authority to act as my representative for
	purposes of controlling the disposition of my remains, as authorized under RCW 68.50.16, if I
	have not otherwise made lawful provision for their disposition.
	D. I may revoke this power of attorney by giving written notice to the agent and,
	if the power of attorney has been recorded, by recording the written instrument of revocation in

E. If I give notice of revocation after my agent has certified that I lack the mental capacity to make important decisions, then my agent's power or attorney shall be suspended unless and until a court determines that the revocation was not effective.

3. RIGHTS AND DUTIES OF THE AGENT

the county office where deeds are recorded.

A. My estate shall hold the agent harmless from, and indemnify the agent for all liability for acts done for me in good faith based on this power of attorney.

B. The agent shall be required to account to any subsequently appointed personal representative. 4. NOMINATION OF GUARDIAN I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced. 5. SUBSTITUTE AGENT I appoint to serve as substitute agent in place of the agent named in paragraph 1 above, if the agent named in paragraph 1 is unable or unwilling to serve. A statement signed by the substitute agent, affirming that the agent named in paragraph 1 is unable or unwilling to serve shall be sufficient to establish that the agent is unable or unwilling to serve. (If no substitute agent is named, this paragraph should be crossed out.) 11-17-15 Dated: On NORMENIA, 2015 person I know to be OMGI THERE appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above. Dated: 11177019

Commission expires: 08.01.2017

Notary Public, State of Washington,

residing at: Stagit County