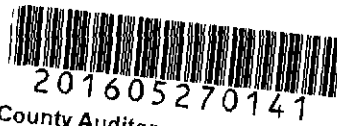


**Jason C. Roman**  
16103 Mt. View Road  
Mt. Vernon, WA 98274




Skagit County Auditor  
5/27/2016 Page

1 of

△

**\$76.00**

2:32PM

<b>Document Title(s) (for transactions contained therein):</b> 1. Power of Attorney	
<b>Reference Number(s) of Documents assigned or released:</b> (on page of documents(s))	
<b>Grantor(s)</b> 1. Omar R. Chevez 2.	
Additional Names on page	of document.
<b>Grantee(s)</b> 1. Jason C. Roman 2.	
Additional Names on page	of document.
<b>Legal Description (abbreviated i.e. lot, block, plat or section, township, range)</b>  <div style="text-align: right;"><i>Land Title and Escrow</i></div>	
Additional legal is on page	of document.
<b>Assessor's Property Tax Parcel/Account Number</b>  P40491	
<b>The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</b>	
<b>I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.</b>	
<div style="text-align: center;">  </div> <b>Signature of Requesting Party (Required for non-standard recordings only)</b> Gpcovst.doc rev 4/02	

Filed for record at the request of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DURABLE POWER OF ATTORNEY

I, OMAR R. CHEVEZ, resident of the State of Washington,  
revoke any powers of attorney I may have given in the past and give  
Jason C. Roman (referred to below as "the agent") a durable  
power of attorney. I intend that it not be limited 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.)



B. The agent shall be required to account to any subsequently appointed personal representative.

#### 4. NOMINATION OF GUARDIAN

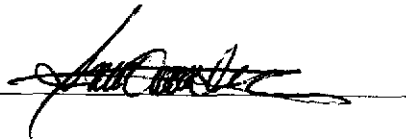
I nominate the agent for consideration by the court as my guardian or limited guardian in the event that any guardianship proceeding for my person or estate should be commenced.

#### 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.

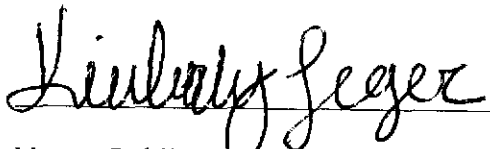
(If no substitute agent is named, this paragraph should be crossed out.)

Dated: 11-17-15



On November 7, 2015 a person I know to be Omar Chavez appeared before me in person, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned above.

Dated: 11/17/2015



Notary Public, State of Washington,

residing at: Snohomish County

Commission expires: 08.01.2017

