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Prepared by:

Kristin Marsalese, Esq.
PC Law Associates
200 Fleet Street, Suite 6100
Pittsburgh, PA 15220
Washington Bar ID: 54338
Escrow No. _____

Order Number: 1148720LV

Abbr. Legal Description: TRACT 1 OF SKAGIT COUNTY SHORT PLAT NO. 519-81, VOL.
5, P. 97, AUD FILE NO. 8107100001

Assessor's Property Tax Parcel Account Number(s): P38805

LIMITED DURABLE POWER OF ATTORNEY: FINANCIAL
(RCW 11.94)

I, **JUDITH A. CROSSLEY**, the undersigned Principal, domiciled and residing in 27013 Helmick Road Sedro Woolley, WA 98284, hereby designate and appoint **THOMAS Z. PEDEN**, presently residing at 27013 Helmick Road Sedro Woolley, WA 98284, with a telephone number of 360-640-9138, as my Attorney-in-Fact for the limited purpose listed below in Section 2.

I herein create a durable power of attorney, not affected by my incapacity of whatever kind that may be. I direct that this document shall be liberally construed to give effect to its plain meaning. This document and all issues relating to it shall be governed by the laws of the State of Washington.

So long as neither the Attorney-in-Fact nor any person with whom the Attorney-in-Fact was dealing at the time received actual knowledge of revocation or termination of this power of attorney, by death or otherwise, then the Attorney-in-Fact and such persons dealing with the Attorney-in-Fact shall be entitled to rely upon this power of attorney. Any action taken shall

therefore be binding upon the Principal, heirs, legatees, devisees, guardians, agents and personal representatives of the Principal. Any third party is entitled to rely on a photocopy of this document, and shall not be liable for such reliance.

1. Effective Date/Duration.

This durable power of attorney is effective immediately.

2. Powers. The Attorney-in-Fact shall act as fiduciary for the Principal and, as such, have all powers of absolute ownership over all assets and liabilities of the Principal, whether located within or without the State of Washington, including, without limitation, the power and authority to do the following:

To execute any and all documents required for pursuit and completion of the refinance loan through FREEDOM MORTGAGE CORPORATION for the real property located at:

TRACT 1 OF SKAGIT COUNTY SHORT PLAT NO. 519-81, APPROVED JULY 9, 1981, AND RECORDED JULY 10, 1981, IN VOLUME 5 OF SHORT PLATS, PAGE 97, UNDER AUDITOR'S FILE NO. 8107100001, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF SECTION 10, TOWNSHIP 35 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN.

Parcel ID: P38805

Commonly known as: 27013 Helmick Road Sedro Woolley, WA 98284

and any and all communication with parties necessary for pursuit and completion of such refinance loan.

This limited power will terminate automatically one hundred eighty (180) days after the execution of this power of attorney.

3. Revocation. Except during a period of disability or incompetency, this Power of Attorney may be revoked, suspended or terminated in writing by the Principal by written notice to the designated Attorney-in-Fact or by recording a written instrument of revocation in the Office of the Recorder or Auditor of Skagit County, Washington with a copy thereof given to the Attorney-in-Fact.

4. Termination. This power terminates as follows:

4.1 By Appointment of Guardian. The appointment of a Guardian of the Estate or Person of the Principal vests in Guardian the power to revoke, suspend or terminate this Power of Attorney after court approval of such revocation, suspension or termination. The appointment of a Guardian of the Person only does not empower that

Guardian to revoke, suspend or terminate this Power of Attorney without prior specific court approval.

4.2 By Death of Principal. The death of the Principal shall terminate this Power of Attorney upon actual knowledge or actual notice of such death being received by the Attorneys-in-Fact.

5. Accounting. Upon request of the Principal or the Guardian of the estate of the Principal or the Personal Representative of the Principal's estate, the Attorney-in-Fact shall account for all actions taken by the Attorney-in-Fact for or on behalf of the Principal.

6. Hold Harmless-Indemnity. I make this grant of power with confidence that my Attorney-in-Fact is a person of good judgment who knows me well. The estate of the Principal shall defend, protect, hold harmless and indemnify the Attorney-in-Fact from all liability for acts or omissions occurring in good faith reliance on this instrument, but not as to any species of fraud upon the Principal for any claim for any damages arising from his or her reliance on this instrument.

7. Interpretation and Savings Clause. The organization of this instrument, its designation of its parts, paragraph numbers and other like aspects are a matter of clerical convenience only, and not intended to have any other significance. This instrument shall be read and construed as an integrated whole. Any part that is determined to be null, void, or of no effect shall, however, fail alone, and all remaining provisions shall remain in effect.

8. Compensation. The Attorney-in-Fact shall not be compensated for her services; however, she may be reimbursed for costs expended on my behalf.

In all references herein to any parties, persons, entities or corporations, the use of any particular gender or the plural or singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

[SPACE INTENTIONALLY LEFT BLANK]

SIGNED this 01 day of December, 2020

Judith A. Crossley
JUDITH A. CROSSLEY
 27013 Helmick Road Sedro Woolley, WA 98284
 County of Skagit

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF Washington)
) ss
 COUNTY OF Skagit)

This is to certify that on the 01 day of December, 2020 before me personally appeared **JUDITH A. CROSSLEY**, to me known to be the individual(s) described in and who executed the foregoing General Durable Power of Attorney, and acknowledged to me that he/she/they signed and sealed this as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



Victoria Isabella Torres
 NOTARY PUBLIC in and for the State of Washington
 residing at 1777 S Burlington Blvd. Burlington WA 98233
 My commission expires: 08-13-24