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Anacortes, WA 98221
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Document Title(s): Power of Attorney
Reference Number(s) of Documents assigned or released: (on page __ of document(s)) n/a
Grantor(s): Denise Lorraine Hoverson
Additional Names on page ___ of document.
Grantee(s): Harry L. Perl
Additional Names on page ___ of document.
Abbreviated Legal Description: Lots 15 and 16, Blk 7, Beale's Maple-Grove Addn. to Anacortes
Additional legal is on page ___ of document.
Tax Parcel Number(s): 3775-007-016-0004/P56616

DURABLE POWER OF ATTORNEY*of***DENISE L. HOVERSON****(Effective on Incapacity or Disability)**

1. **Designations.** DENISE L. HOVERSON (the "Principal"), residing and domiciled in the state of Washington, hereby revokes any and all durable powers of attorney for financial and property matters previously executed by her and designates her spouse, HARRY L. PERL, as attorney-in-fact in the name, place, and stead of the Principal. In the event HARRY L. PERL is unable or unwilling to so act, then the Principal appoints CHRISTOPHER T. ELLIS as the alternate attorney-in-fact; and in the event CHRISTOPHER T. ELLIS is unable or unwilling to so act, then the Principal appoints STEPHEN R. ELLIS as the alternate attorney-in-fact.

2. **Purpose.** The primary purpose in granting this power of attorney is to provide for the Principal's needs should the Principal become incapacitated. Accordingly, the attorney-in-fact shall have all powers as are necessary or desirable to provide for the Principal's support, maintenance, health, emergencies, and urgent necessities in the event of the Principal's incapacity.

3. **Effectiveness and Durability.** This Durable Power of Attorney shall become effective upon receipt by a named attorney-in-fact of written evidence of the Principal's incapacity as determined by a court of competent jurisdiction or receipt of a written statement of determination of the incapacity or disability of the Principal, which shall include the inability to effectively manage the Principal's property and affairs for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention, or disappearance. With respect to physical or mental illness or disability, the written statement shall be made by the then regularly attending physician for the Principal or, if there is none, then by another qualified physician; with respect to the Principal's absence due to confinement, detention, or disappearance, the written statement shall be by a person with knowledge of any confinement, detention, or disappearance.

4. **Powers.** The attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the Principal whether located within or without the state of Washington, including but not limited to the following powers:

a. **Accounts of Financial Institutions.** To make deposits to and payments from any account in a financial institution, including but not limited to banks, trust companies, mutual savings banks, savings and loan associations, credit unions, and securities dealers. This shall further include the authority to maintain and close existing accounts; to open, maintain, and close other accounts; and to make deposits, transfers, and withdrawals with respect to all such accounts.

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- b. Safe Deposit Box. To enter any safe deposit box in which the Principal has the right of access.
- c. Real Property. To purchase, take possession of, lease, sell, convey, exchange, mortgage, release, and encumber real property or any interest in real property.
- d. Personal Property. To purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage, and pledge personal property or any interest in personal property.
- e. Securities. To deal in any manner with all types of securities, including the right to transfer and sell securities.
- f. Gifts. To make gifts to any beneficiaries named in the Principal's estate plan, including the attorney-in-fact. In making any such gift, the attorney-in-fact shall consider the overall design of the Principal's estate plan, any pattern of gifting established by the Principal, the Principal's ability to continue making such gift or gifts, the Principal's continued health and well-being, the impact of inflation upon the value of such gifts, the reduction of transfer taxes at the time of the Principal's death, and other estate planning considerations. This power shall not be available to satisfy any obligation of an attorney-in-fact to support any other person, and shall be limited to the power to gift to an acting attorney-in-fact only for his or her health, support, and maintenance. The attorney-in-fact shall not breach any fiduciary duty to the Principal by reason of gifts made or withheld in good faith.
- g. Disclaimer. To renounce or disclaim any interest otherwise passing to the Principal by intestate or testate succession, or by *inter vivos* transfer. In so disclaiming, the attorney-in-fact may rely with acquittance upon the advice of the Principal's attorney regarding the Principal's estate planning objectives.
- h. Taxes. To prepare, make elections, execute, and file all tax returns and to pay all taxes required by law, including federal, state, and gift tax returns, and to file all claims for abatement or refund and other papers relating thereto.
- i. Monies Due. To request, demand, recover, collect, endorse, and receive all monies, debts, accounts, gifts, bequests, dividends, annuities, rents, and payments due the Principal.
- j. Delegation of Authority. To delegate, in writing, to any alternate or successor attorney-in-fact named above any authority granted under this power of attorney. Any such appointment of a temporary attorney-in-fact or delegation of authority shall set forth the period for which it is valid and specify the limits, if any, of such appointment or delegation during such period.
5. Health Care Decisions. The attorney-in-fact is authorized to consent to such medical care and treatment as are necessary for the Principal's well being. If the Principal is terminally ill,

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the attorney-in-fact shall have the power to consent to the withdrawal and/or withholding of life-sustaining procedures consistent with the terms of any health care directive executed by the Principal. If the Principal has entered into a separate Durable Power of Attorney for Health Care designating another attorney-in-fact to act on behalf of the Principal with respect to medical care and treatment, then the separate Durable Power of Attorney for Health Care shall prevail with respect to the designation of attorney-in-fact for health care and all health care decisions. Provided, however, the attorney-in-fact under this Durable Power of Attorney and the attorney-in-fact under any separate Durable Power of Attorney for Health Care are encouraged to cooperate and coordinate their decision-making and are authorized to share information for the purpose of making decisions in the best interests of the Principal.

6. **Revocation.** The Principal may revoke this power of attorney at any time by giving the attorney-in-fact written notice personally delivered or mailed to the last known address for the attorney-in-fact.

7. **Termination; Guardian.** This power of attorney shall be terminated upon receipt of written notice or actual knowledge by the attorney-in-fact of the death of the Principal, and further may be terminated by the guardian of the estate of the Principal following court approval of such termination. Should the court need to appoint a guardian of Principal's estate, it is the Principal's desire that the attorney-in-fact or the alternate attorney-in-fact herein named be appointed by the court.

8. **Accounting.** The attorney-in-fact shall be required to account to a guardian of the estate of the Principal, trustee of the Principal's revocable trust, special representative designated in the Principal's revocable trust, or personal representative of the estate of the Principal, if requested by any of them.

9. **Reliance.** The attorney-in-fact and any person dealing with the attorney-in-fact each shall be entitled to rely upon this power of attorney so long as such party has not received actual knowledge or actual notice of revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken in good faith, unless otherwise invalid or unenforceable, shall be binding on the heirs, legatees, devisees, and personal representative of the Principal. Third parties shall be entitled to rely upon a photocopy of the signed original.

10. **Indemnification.** The estate of the Principal shall hold harmless and indemnify the attorney-in-fact from any and all liability for acts done in good faith.

11. **Costs and Compensation.** The attorney-in-fact shall be reimbursed for all costs and expenses reasonably incurred. In addition, the attorney-in-fact shall be paid at least annually, without court approval, such compensation for services performed by the attorney-in-fact as is reasonable in the community for like services performed by an attorney-in-fact and/or a guardian of the estate. A bank or similar institution acting as attorney-in-fact shall be compensated based on its fee schedule for providing services as an agent under power of attorney.

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12. Applicable Law. The laws of the State of Washington shall govern this power of attorney.

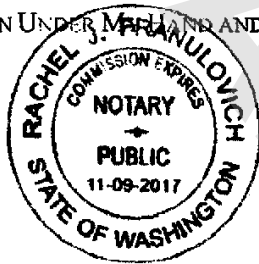
IN WITNESS WHEREOF, the undersigned has executed this Durable Power of Attorney on this 24th day of February, 2016, to become effective as provided in paragraph 3 above.

Denise L. Hoerverson
DENISE L. HOVERSON, Principal

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that DENISE L. HOVERSON is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 24th day of February, 2016.



Rachel Franulovich
Printed Name RACHEL FRANULOVICH
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 11-09-2017

WITNESSED this 24th day of February, 2016.

Megan Masonholder
(Signature of Witness)
MEGAN MASONHOLDER
(Print Name)
Address: 227 Freeway Drive, Suite B
Mount Vernon, WA 98273

Rachel Franulovich
(Signature of Witness)
RACHEL FRANULOVICH
(Print Name)
Address: 227 Freeway Drive, Suite B
Mount Vernon, WA 98273