

When recorded return to:  
Mary Jane Ellis  
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Issaquah, WA 98027



202609150049

09/15/2026 10:13 AM Pages: 1 of 3 Fees: \$305.50  
Skagit County Auditor

DOCUMENT TITLE(S)

Power of Attorney

Chicago  
620062970

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

GRANTOR(S)

Mary Jane Ellis

GRANTEE(S)

Steven J. Ellis

ABBREVIATED LEGAL DESCRIPTION

Lot 135, Shelter Bay Div. 2

Complete legal description is on page \_\_\_\_\_ of document

TAX PARCEL NUMBER(S)

P129004/5100-002-135-0000 and S3302010026

Additional Tax Accounts are on page \_\_\_\_\_ of document

## Durable Power of Attorney for Finances

My name is MARY JANE ELLIS. My date of birth is 9/01/1929.

1. **Agent.** I choose (name): STEVEN J. ELLIS as my Agent with full authority to manage my finances.
  - ☒ **Alternate.** If the agent named above is unable or unwilling to act, I choose (name): ROBERT J. ELLIS as my Agent with full authority to manage my finances.
  - ☒ **2nd Alternate.** If both the agent and alternate named above are unable or unwilling to act, I choose (name): SANDRA ELLIS as my Agent with full authority to manage my finances.
2. **My Rights.** I keep the right to make financial decisions for myself if I am capable.
3. **Durable.** My Agent can use this power of attorney to manage my finances even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.
4. **Start Date.** This power of attorney is effective (check one):
  - ☒ Immediately.
  - ☐ only if my medical provider signs a letter saying I cannot make decisions for myself.
5. **End Date.** This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.
6. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney at any time by giving written notice of revocation to my Agent.
7. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself under the general authority from state law (RCW 11.125.250). This includes, but is not limited to, the power to:
  - ☒ Make deposits to, and payments from, any account in my name in any financial institution
  - ☒ Open and remove items from any safe deposit box in my name
  - ☒ Sell, exchange, or transfer title to stocks, bonds, or other securities
  - ☒ Sell, convey, or encumber any real or personal property
  - ☒ Apply for and manage governmental benefits, including Medicaid
  - ☒ Act as representative payee for Social Security and other benefits
  - ☒ Assert, maintain, defend, and resolve legal claims and litigation

**8. Special Powers.** My agent shall also have the following powers:

- ☒ Yes ☐ No – Give gifts of my money or property
- ☐ Yes ☒ No – Create, change, or cancel my rights of survivorship
- ☐ Yes ☒ No – Create, change, or cancel beneficiary designations
- ☐ Yes ☒ No – Give up my right to be the beneficiary of an annuity or retirement plan
- ☐ Yes ☒ No – Create, change, or cancel a trust
- ☐ Yes ☒ No – Tell a trustee to make distributions from a trust just as I could
- ☐ Yes ☒ No – Create, change, or cancel a community property agreement
- ☐ Yes ☒ No – Give authority granted in this document to someone else

**9. Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.**10. Nomination of Conservator.** I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.**11. HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

I am signing of my own free will for the purposes stated in this document.

Mary Jane Ellis  
My signature (in front of a notary)

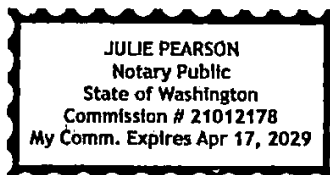
July 20<sup>th</sup> 2026  
Date

**Notarization (preferred)**

State of Washington

County of Snohomish

This document was acknowledged before me on (date) July 20<sup>th</sup>, 2026  
by (name) Mary Jane Ellis



Julie Pearson  
Signature of Notary Julie Pearson  
Notary Public for the State of Washington.  
My commission expires 04/17/2029