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When recorded return to:
Mary Jane Ellis
25640 SE 154th St
Issaquah, WA 98027

DOCUMENT TITLE(S)

Power of Attorney

Chicago
6200629TO

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

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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 20th 2026 — Date

Notarization (preferred)

State of Washington
County of Snohomish

This document was acknowledged before me on (*date*) July 20th, 2026
by (*name*) Mary Jane Ellis.

JULIE PEARSON
Notary Public
State of Washington
Commission # 21012178
My Comm. Expires Apr 17, 2029

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

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