

After recording return to:
Land Title and Escrow
3010 Commercial Avenue
Anacortes, WA 98221

Reference: 60042760-352

DOCUMENT TITLE(S):

Durable Power of Attorney for Finances

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Judith Ann Crane

GRANTEE(S):

Kenneth Lyle Crane

TRUSTEE:

ABBREVIATED LEGAL DESCRIPTION:

Lot 10, Dawn Addition, Fidalgo City

TAX PARCEL NUMBER(S):

4103-000-010-0006/P73364

Durable Power of Attorney for Finances

My name is Judith Ann Crane_____. My date of birth is _March 14, 1952_.

1. **Agent.** I choose (*name*): _____ Kenneth Lyle Crane_____ 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*): _____ Brian Lyle Crane_____ 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*): _____ Christopher Robert Crane_____ 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

Ch. 11.125 RCW
Revised 05/2020
NJP Planning 500

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- ✓ 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.

Judith A. Crane
My signature

5/5/2020
Date

William H. Hester
Witness

5/5/2020
Date

Richard S. Jewett
Witness

5/5/2020
Date