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KATHY HILL  
SKAGIT COUNTY AUDITOR

99 JUN 11 AM 8:43

RECORDED \_\_\_\_\_ FILED \_\_\_\_\_  
REQUEST OF \_\_\_\_\_

**Return Address:**

**9906110001**

**Commonwealth Land Title\ CA**  
**11190 Sun Center Drive, Suite 100**  
**Rancho Cordova, CA 95670**

SA-10671 ✓

ISLAND TITLE COMPANY

**SPECIFIC POWER OF ATTORNEY**

**Grantor(s):**

- 1. **Silebi, Francisco**  
etc. additional names on page \_\_\_ of document

**Grantee(s):**

- 1. **Silebi, Michelle**  
etc. additional names on page \_\_\_ of document

**Legal Description:**

- 1. **Lot 3, SKYLINE NO. 3, according to the plat thereof recorded in Volume 9 of Plats, pages 54 and 55, records of Skagit County, Washington;**

**Situate in Skagit County, Washington.**

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

**P59103**

**9906110001**

**BK2003PG0414**

**SPECIFIC POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:**

That I, Francisco Silebi, have constituted and appointed, and by these presents do make, constitute and appoint, Michelle Silebi, my true and lawful attorney, for me and in my name, place and stead, to act on my behalf to refinance the following described property:

Property address: 5403 Kingsway  
Anacortes WA

Legal Description: "SEE EXHIBIT A, ATTACHED HERETO AND MADE A PART THEREOF".

Intent of the aforesaid power of attorney to execute any and all documentation on my behalf in order to mortgage, pledge, lien, and execute any loan, mortgage, insurance documents necessary to subject the above referenced property to the loan according to the terms described below:

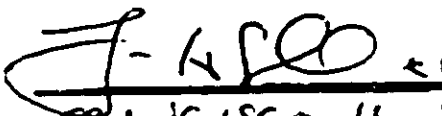
**LENDER:**


**LOAN AMOUNT: \$**

I do authorize my aforesaid Attorney-In-Fact to execute and perform all acts needfull and necessary to be done in and about the premises in the execution of the documents necessary to facilitate the closing for the above described property, including but not limited to the execution of all contracts, deeds, settlement statements, loan documents or any and all documents necessary as fully and largely to all intents and purposes whatsoever as I/US might or could do it acting personally. I hereby ratify, confirm, and declare that any act or thing lawfully done hereunder by our said attorney shall be binding on ourselves and our heirs, legal and personal representatives, and assigns.

This power of attorney shall not be affected by any future disability of mine and is to remain in effect in that event. Further this power of attorney shall not terminate until written revocation of the power-of-attorney has been received by my above name Attorney-In-Fact.

Given under my hand this 27 Day of May, 1998.

  
FRANCISCO H. SILEBI  
LT

  
DOUGLAS HALTER  
LT

STATE OF  
WASHINGTON



I, the undersigned, a Notary Public, in and for the jurisdiction aforesaid, certify that Francisco Silebi did appear before me the 27 Day of MAY, 1998, to sign and acknowledge the foregoing Power of Attorney.

  
Notary Public

My Commission Expires: INDEFINITE  
(FEDERAL NOTARY)

9906110001

BK2003PG0415

STATE OF VIRGINIA, COURT OF

, co-wit:

AFFIDAVIT TO BE EXECUTED BY THE ATTORNEY-IN-FACT AT SETTLEMENT,  
PURSUANT TO SEC 11-9.2 (B), CODE OF VIRGINIA (2000) AS AMENDED.

As of this 30th day of NOVEMBER, 1998. I have not received actual  
knowledge or actual notice of the revocation or termination of  
this power of attorney, by death, disability or otherwise, or  
written revocation by

\_\_\_\_\_  
attorney in fact.

STATE OF VIRGINIA, COURT OF

, co-wit:

Subscribed and sworn before me this 27 day of MAY  
1998 by LT DOUGLAS HALTER

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[Signature]  
Notary Public

MY COMMISSION EXPIRES: INDEFINITE  
(FEDERAL NOTARY)

9906110001

BK2003PG0416