

COVER SHEET



199908170198

Kathy Hill, Skagit County Auditor
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RETURN TO:

Elaine Stafford

529 F & S Grade Road

Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

General Power of Attorney

FIRST AMERICAN TITLE CO.

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

B59894E-1

[] ADDITIONAL REFERENCE NUMBERS ON PAGE ____
OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. George Ammons

2.

3.

4.

[] ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. Merry C. Morgan and Elaine Stafford

2.

3.

4.

[] ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: I.e., lot, block, plat or quarter, quarter, section, township and range):

Section 1, Township 34, Range 4; Ptn. Gov. Lot 6

[] ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER: 340401-0-041-0014 R23320

[] TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT.

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

TO ALL PERSONS, be it known that I, **George L Ammons**,
of **Clear Lake, Washington**,
the undersigned Grantor, do hereby make and grant a general power of attorney to
Merry C Morgan, of **Chehalis, Washington**
Elaine Stafford, **Sedro Woolley, Washington**,
and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.)

- | | |
|---------|---|
| [G L A] | (A) Real estate transactions |
| [G L A] | (B) Chattel and goods transactions |
| [G L A] | (C) Bond, share and commodity transactions |
| [G L A] | (D) Banking transactions |
| [G L A] | (E) Business operating transactions |
| [G L A] | (F) Insurance transactions |
| [G L A] | (G) Estate transactions |
| [G L A] | (H) Claims and litigation |
| [G L A] | (I) Personal relationships and affairs |
| [G L A] | (J) Benefits from military service |
| [G L A] | (K) Records, reports and statements |
| [G L A] | (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select |
| [G L A] | (M) All other matters |

Durable Provision:

(N) If the blank space in the block to the left is initialed by the grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the grantor.

Other Terms:

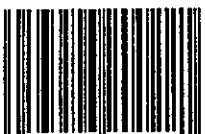
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(Revised 1/95)



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AQHQ

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 6th day of
September, 1997.

Signed in the presence of:

[Signature]
Witness

[Signature]
Witness

[Signature]
Grantor
[Signature]
Attorney-in-Fact

State of Washington }
County of Skagit

On September 6, 1997 before me, George Ammonds Ammons, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]

(Seal)

Affiant Known Produced ID.
Type of ID WA State Drivers License
AMMONGL 855C5



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