

200005310145

Kathy Hill, Skagit County Auditor

5/31/2000 Page

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3:54:19PM

Name

CAROLYNNE G. WRIGHT

Address

402 E. PARK DR.

City, State, Zip

ANACORTES, WA 98221

A195531

ISLAND TITLE COMPANY

SPECIAL POWER OF ATTORNEY
(PURCHASE/ENCUMBER)

TRANSNATION TITLE INSURANCE COMPANY

**Transnation**

Reference # (If applicable):

Grantor(s) : (1)

(2)

Additional on pg.

Grantees(s): (1)

(2)

Additional on pg.

Legal Description (abbreviated): Lot 19, CAP SANTE PARK

Additional legal(s) on page

Assessor's Tax Parcel ID# R111909

Account No. 3780-000-091-0000

, CAROLYNNE G. WRIGHT

hereby appoint PHILIP J. WRIGHT

as my true and lawful attorney for me and in my name and stead, and for my use and benefit to execute promissory notes, bonds, mortgages, contracts, deeds of trust and any other instruments which may be necessary or proper to purchase and/or encumber the following described real property:

LOT 19, CAP SANTE PARK ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 4 OF PLATS, PAGE 52, RECORDS OF SKAGIT COUNTY, WASHINGTON: SITUATED IN SKAGIT COUNTY, WASHINGTON.

Together with any personal property located thereon.

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby; as fully to all intents and purposes as the Grantor might or could do if personally present.

This Special Power of Attorney will cease and be of no further effect after the 30th day of JULY, 2000, or six (6) months from the date hereof, whichever first occurs.

WARNING: THIS POWER OF ATTORNEY WILL RESULT IN ANOTHER PERSON HAVING FULL RIGHT TO ENCUMBER YOUR REAL AND PERSONAL PROPERTY AND OBLIGATE YOU TO A DEBT. IT IS RECOMMENDED THAT YOU OBTAIN COUNSEL FROM YOUR ATTORNEY PRIOR TO EXECUTION OF THIS DOCUMENT.

DATED this 24th day of MAY, 2000

State of Washington

County of

King

I certify that I know or have satisfactory evidence that

Carolynne G. Wright

(NAME OF PERSON)

is the

person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated:

5/24/00

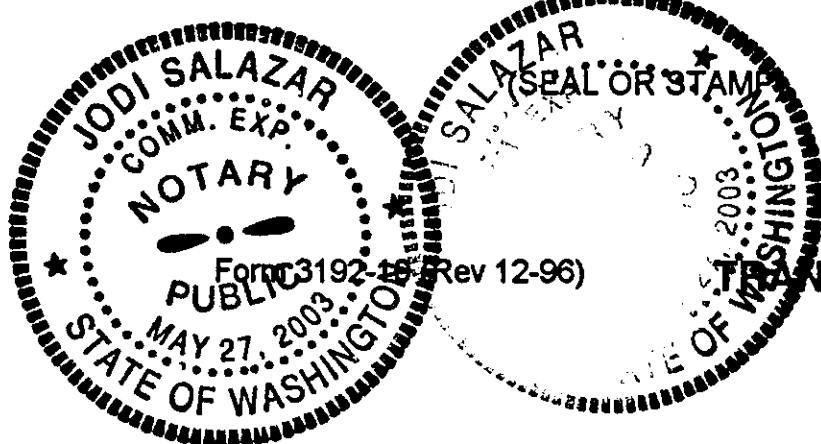
(Signature)

Customer Service manager

Title

My appointment expires

May 27, 2003



TRANSNATION TITLE INSURANCE COMPANY