

Return Address:
Jacob Vargish
4020 I Avenue
Anacortes, WA 98221



200008220121
Kathy Hill, Skagit County Auditor
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Document Title(s) (for transactions contained therein): 1. Power of Attorney 2. 3. 4.	ISLAND TITLE CO. <i>SA 19833 ✓</i>
Reference Number(s) of Documents assigned or released: (on page _ of documents(s))	
Grantor(s) 1. Tara A. V ^A rgish 2. 3. 4.	
Additional Names on page _____ of document.	
Grantee(s) 1. Jacob Jon Vargish 2. 3. 4.	
Additional Names on page _____ of document.	
Legal Description (abbreviated i.e. lot, block, plat or section, township, range)	
Additional legal is on page _____ of document.	
Assessor's Property Tax Parcel/Account Number 4737-000-030-0000 R115954	
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	

Power of Attorney

I, **Tara Ann Vargish**, residing at 842 Parkwood Avenue, Ypsilanti, Michigan, hereby grant this Power of Attorney to my husband, **Jacob Jon Vargish** located at 1920 R Avenue, Anacortes, Washington ("attorney-in-fact").

My attorney-in-fact shall have full powers and authority to do and undertake the following on my behalf:

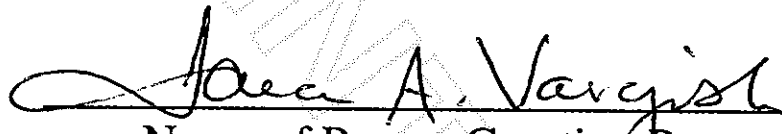
- Sell, deed, buy, rent or dispose of my current or future real or personal property,
- Borrow, lend, invest or reinvest my funds,
- Initiate, defend, commence, or settle legal actions on my behalf,

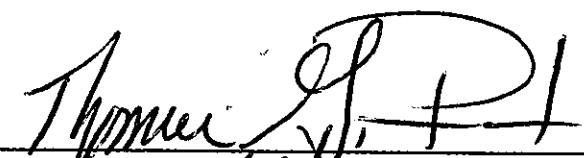
Any powers not specifically mentioned herein shall not be given. My attorney-in-fact hereby accepts this appointment and agrees to perform said fiduciary duties without pay in a competent fashion, with my best interests always in mind.

This power of attorney can be revoked at any time for any reason upon written notice.

This formal power of attorney supersedes and replaces all prior agreements and understandings, whether oral or in writing, and may only be modified in a separate writing signed by both parties.

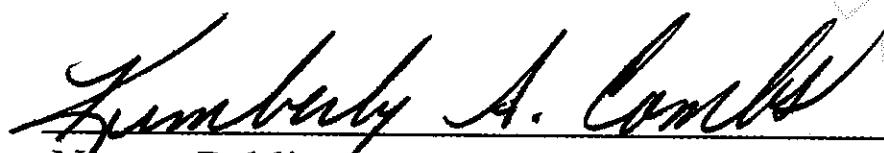
IN WITNESS WHEREOF, I sign this Power of Attorney on the date written below.


Name of Person Granting Power of Attorney

Witness: 
Dated: 8/4/00

State of Michigan,
County of Wayne,

On August 4, 2000 before me personally appeared **Tara Ann Vargish**, to me known to be the individual described in and who executed the foregoing Power of Attorney, and dully acknowledged to me that she executed the same.


Notary Public

KIMBERLY A. COMBS
NOTARY PUBLIC WAYNE CO., MI
MY COMMISSION EXPIRES Mar 28, 2005



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