

AFTER RECORDING MAIL TO:

Name DANIA WATERS, MICHAEL FALCONE Address 155 10 3 RD STREET

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8/23/2000 Page		_	2	9:39:15AM

Document Title(s): (or transactions contained therein)	First American Title
1. SPECIAL POWER OF ATTORNEY 2.	Insurance Company
3. 4.	FIRST AMERICAN TITLE CO.
Reference Number(s) of Documents assigned or released:	B62699 E-3
☐ Additional numbers on pageof document	(this space for title company use only)
Grantor(s): (Last name first, then first name and initials) 1. BUCH HOLZ, DAVID L. 2. 3. 4. 5. Additional names on page of document	
Grantee(s): (Last name first, then first name and initials) 1. WATERS, DANA P. 2. 3. 4. 5. Additional names on page of document	
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section)	ion/township/range/quarter/quarter)
LOT 38 EAGLE NALLEY P.U.D	
Complete legal description is on page of docume	nt
Assessor's Property Tax Parcel / Account Number(s):	
4632-000-038-0007	
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NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER)

I, DAVID L. BUCHHOLZ hereby appoint DANA P. WATERS 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 38, "EAGLE VALLEY P.U.D.", as per plat recorded in Volume 15 of Plats, pages 181 to 183, inclusive, records of Skagit County, Washington.

Assessor's Property Tax Parcel Account Number(s): 4632-000-038-0007R106931

This Special Power of Attorney will cease and be of no further effect after the

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.

, 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

DATED this {

day of

real and personal property and obligate you to a debt. It is recommended that you obtain cousel from your attorney prior to execution of this document.

STATE OF COUNTY OF

I certify that I know or have satisfactory evidence that David/L. Buchholz is the person who appeared before me, and said person acknowledged it to be he free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:

Notary Public in and for

Residing at

My appointment expires:

Acting Manager

DARREN SHATEORD

PH 08456-013355

Kathy Hill, Skagit County Auditor 8/23/2000 Page

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