



200102230088

Skagit County Auditor

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AFTER RECORDING MAIL TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Filed for Record at Request of:

**ISLAND TITLE CO.**

B 17016 ✓

**SPECIAL POWER OF ATTORNEY  
(PURCHASE/ENCUMBER)**

I Gayle M. Ogden, hereby appoint John D. Ogden  
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 instrument which may be necessary or proper to purchase and/or encumber the following described real property:

**Lot 39, PLAT OF HILLTOP HAVEN DIV. NO IV, according to the plat thereof recorded in Volume 14 of Plats, pages 154 and 155, records of Skagit County, Washington.**

Assessor's Property Tax Parcel/Account Number: **4546-000-039-0008**

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(s) might or could do if personally present.

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

Dated: February 7<sup>th</sup> (Bmo), 2001

Gayle M. Ogden  
GAYLE M. OGDEN

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.

**DOUGLAS E. ROSE**  
NOTARY PUBLIC • STATE OF WASH.  
COUNTY OF SPOKANE  
COMMISSION EXPIRES AUG. 31, 2002

STATE OF WASHINGTON )  
COUNTY OF SPOKANE )-ss

I certify that I know or have satisfactory evidence that Gayle M. OGDEN  
(is/are) the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 2/7/01

DOUGLAS E. ROSE  
Notary Public in and for the state of WASHINGTON  
My appointment expires: 8/31/02