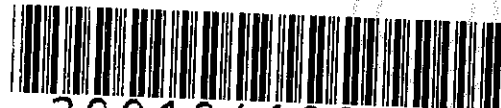


AFTER RECORDING MAIL TO:



200104100109

, Skagit County Auditor

4/10/2001 Page 1 of 1 3:28:35PM

Name Pamela J. Allen

Address 4306 Shelby Ct

City, State, Zip Anacortes, WA 98221

Filed for Record at Request of:

SA-20445  
Blank Title Co.

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

I Pamela J. Allen, hereby appoint Thomas L. Allen  
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:

4306 Shelby Ct., Anacortes, WA 98221

Lot 7, PLAT OF PARKSIDE DIVISION NO. 2, according to the  
plat thereof recorded in Volume 16 of Plats, pages 20  
through 22, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: 4644-000-007-0006

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 10<sup>th</sup> day of  
April, 2001, or six (6) months from the date hereof, whichever first occurs.

Dated: April 5, 2001

[Signature]

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.

STATE OF Washington )  
COUNTY OF Skagit )-ss

I certify that I know or have satisfactory evidence that Pamela J. Allen  
(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: April 4, 2001

[Signature]  
Notary Public in and for the state of Washington  
My appointment expires: 10-28-01