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RETURN ADDRESS:

Harold S. Poulton 132 Lummi Road LaConner, WA 98257

Plec	ise j	print	or type	infor	mation
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	FIRST AMERICAN TITLE CO
Document Title(s) (or transactions contained therein):	B64510 E-3
 General Power of Attorney 2. 	
3. 4.	
Reference Number(s) of Documents:	

Grantor(s) (Last name first, then first name and initials)

1. 2. 3.	Harold S. Poulton	
4 .		C. I
5.	☐ Additional names on page	of document.
Gr	cantee(s) (Last name first, then	first name and initials)
1.	Wendy S. Poulton	
2.		
3.		
4.		$f_{-\ell}$
5.	☐ Additional names on page	of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

A Leasehold Interest in the following described property:

Lot 70, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, TRIBAL AND ALLOTTED LANDS OF SWINOMISH INDIAN RESERVATION", as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

☐ Additional legal on page of document.

Assessor's Property Tax Parcel/Account Number 5100-002-070-0000 L84067

☐ Additional on page of document.

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

SMS Vision Form SIX01WA Rev. 05/01/97

GENERAL POWER OF ATTORNEY

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

I, HAROLD S. POULTON, Social Security Number constitute and appoint WENDY S. POULTON, whose address is 132 LUMMI DR. LACONNER, WA 98257, my true and lawful attorney for me and in my name, place and stead, and for my use and benefit, to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, legacies, bequests, interest, dividends, annuities, demands whatsoever, as are now or shall hereafter become due, owing, payable, or belonging to me and have use, and take all lawful ways and means in my name or otherwise to compromise and agree for the same, and to give acquittances or other sufficient discharges for the same for and in my name, to make, seal and deliver, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and to accept the seisin and possession of all lands, and all deeds, and other assurances in the law therefor, and to lease, let demise, bargain, sell, remise, release, convey, mortgage and hypothecate tenements and hereditaments, upon such terms and conditions, and under such covenants as my attorney shall think fit. Also to bargain and agree for, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and to make, do and transact all and every kind of business of what nature and kind soever, and execute, deliver and acknowledge such deeds, leases, and assignments of leases, covenants, indentures, agreements, mortgages, hypothecations, bottomries, charter parties, bills of lading, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgments, and other debts, and such other instruments in writing of whatever kind or nature, as may be necessary or proper in the premises.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by birtue of these presents.

200104170111 , Skagit County Auditor 4/17/2001 Page 2 of 3 3:35:09PM FURTHER, this power of attorney shall remain in full force and effect until 5 April, 2002, unless sooner revoked by me, provided, however, that such prior revocation shall be of no effect in respect to parties acting or things done in reliance heron prior to receipt by them of such notice of revocation as may be prescribed by law, and provided further, that in the event that I should be reported or listed 'missing' or 'missing in action ', as those phrases are used in military parlance, prior to the expiration or revocation of this power of attorney, it shall not terminate but shall be extended as long as I remain in that status. It is my intention that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of 'missing' or 'missing in action' shall neither constitute nor be interpreted as constituting notice of my death, nor operate to revoke this instrument.

FURTHER, this power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapcitated or the lapse of time. It is my intenet that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence, and notwithstanding any expiration date set forth herein.

IN WITNESS WHEREOF I have hereunto set my hand and seal on this day, 6
April, 2001.

HAROLD S. POULTON

ACKNOWLEDGEMENT

SERVING WITH THE ARMED FORCES OF THE UNITED STATES AT COMMANDER, FLEET ACTIVITIES, OKINAWA, JAPAN

Before me personally appeared HAROLD S. POULTON, who, having produced a Uniformed Services Identification Card, is known to me to be the identical person who is described herein, and who signed and executed the foregoing instrument on this day, 6 April, 2001, as a true, free, and voluntary act and deed, for uses, purposes, and considerations therein set forth. And I do further certify that I am a petty officer of the Armed Forces of the United States serving in the rank indicated below, that by Federal law I am authorized to exercise the powers of a notary without requirement of a seal, and that this document is executed by me in accordance with those powers and in that capacity.

W. T. ROLAND, LN1, USN
Authority 10, U.S. C. \$1044a
No Seal Required

, Skagit County Auditor

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