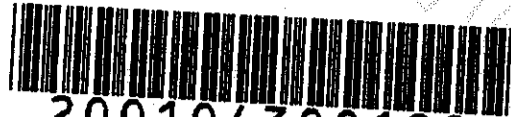


AFTER RECORDING MAIL TO:



200104300192
Skagit County Auditor

4/30/2001 Page 1 of 1 3:47:52PM

Name _____

Address _____

City, State, Zip _____

Filed for Record at Request of:

ISLAND TITLE COMPANY
A20410v

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

I Linda S. Quinn, hereby appoint Douglas P. Quinn
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:

Unit 18, Building 9, THE RIDGE CONDOMINIUM PHASE III, a
condominium, according to the supplemental Declaration
and By-Laws thereof recorded under Auditor's File No.
9802060104 and 9607170030 and Survey Map and Plans thereof
recorded in Volume 16 of Plats, pages 164 through 167,
records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: **4693-000-018-0000**

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: April 26, 2001

Linda S. Quinn
LINDA S. QUINN

**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)

I certify that I know or have satisfactory evidence that Linda S. Quinn
(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: 4-27-01

Diane L. Martin
Notary Public in and for the state of Washington
My appointment expires: Jan 29, 2003

