



200108270054

Skagit County Auditor

8/27/2001 Page 1 of 2 9:52:23AM

Document Title:

Power of Attorney

Reference Number:

Grantor(s):

☐ additional grantor names on page ____.

1. Bonni field, Rodney L.
- 2.

Grantee(s):

☐ additional grantee names on page ____.

1. Bonni field, Jack J.
- 2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Lt B Slip # 97-0044 33/35/05

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P40629

A240-10
R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

TO ALL PERSONS, be it known, that I, Rodney & Bonniel
of Jack Bonniel
as Grantor, do hereby make and grant a limited and specific power of attorney to
of
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:
(Describe specific authority)

TO ACT ON ALL BEHALFS OF AN
SAID PROPERTY 26704 Paramount LN
BANK ACCOUNT AT WELLS FARGO. Sedro Woolley WA

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this
Signed in the presence of:

day of NOV 1 ST 2000

Witness

Grantor

Rodney & Bonniel

Witness

Attorney-in-Fact

State of WA

County of Island
On NOV 01

before me,

appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

[Signature]

Affiant Known Produced ID
Type of ID (Seal)

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