

COVER SHEET (For Multiple Documents)

RETURN TO:

Island Title Co  
839 S. Burlington Blvd  
Burlington WA 98233



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Skagit County Auditor

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DOCUMENT TITLE(S) (list all titles contained in document):

- 1. Special Power of Attorney 2.

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

- 1. 2.

[ | ADDITIONAL REFERENCE NUMBERS ON PAGE \_\_\_\_ OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

- 1. Katherine E. O'Loughlin 1.
- 2. 2.
- 3. 3.
- 4. 4.

[ | ADDITIONAL NAMES ON PAGE \_\_\_\_ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

- 1. Kent L. Erickson 1.
- 2. 2.
- 3. 3.
- 4. 4.

[ | ADDITIONAL NAMES ON PAGE \_\_\_\_ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range):

3720-003-014-0000  
Lots 13 & 14, Blk. 3, Fair Addition to Mt. Vernon

[ | ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER: \_\_\_\_\_

[ | TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_ OF DOCUMENT.

## **SPECIAL POWER OF ATTORNEY**

I, Katherine E. O'Loughlin, residing at 1320 Harrison St., Mount Vernon, Washington 98273, hereby appoint Kent L. Erickson of 10501 Chuckanut Drive, Burlington, Washington 98233, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

If the Agent is unable to serve for any reason, I appoint Sharyn R. Erickson, of 10501 Chuckanut Drive, Burlington, Washington 98233, as my alternate or successor Agent, as the case may be to serve with the same powers and discretions.

My agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include the power to:

1. Mortgage or encumber any interest of mine in real estate located at:

1320 Harrison St.  
Mount Vernon, Washington  
and legally described as 1320 Harrison Street Mount Vernon WA. 98273.  
The mortgage amount shall not exceed \$150,000.00.

This power shall include the power to (i) mortgage or encumber on such terms as my Agent shall deem appropriate, subject to the limitations (if any) stated above, (ii) sign any documents (including a mortgage or deed of trust), and (iii) take any other action that may be required to effect such mortgage or encumbrance.

Manage, insure, improve, repair, collect rents, execute leases, or take any other action that a landlord might take, with respect to any interest of mine in real estate located at:

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith



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while acting under the authority of this Power of Attorney. A successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately. This Power of Attorney shall continue effective until October 10, 2001 or until I lack sufficient mental competence to understand and handle my financial and personal affairs. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated   Sep 27  ,   01  , at Mount Vernon, Washington.

Katherine E. O'Loughlin  
Katherine E. O'Loughlin



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, Skagit County Auditor

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STATE OF WASHINGTON, COUNTY OF SKAGIT, ss:

On this 2<sup>nd</sup> day of September, 2001, before me personally appeared Katherine E. O'Loughlin, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed same as his/her free act and deed.



Pamela Langdon  
Notary Public

My commission expires 2-25-2004

Notary Address:

Washington Mutual Bank  
820 S. 2nd St.  
Mount Vernon, WA 98273



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