

AFTER RECORDING MAIL TO:

Name **COMMUNITY ESCROW**

Address **512 91ST AVE N.E. SUITE E**

City / State **EVERETT WA 98205**



200210220129

Skagit County Auditor

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Document Title(s): (or transactions contained therein)

1. **SPECIAL POWER OF ATTORNEY**
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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

1. **GEOFFREY A. LAMBERT**
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. **PATRICIA E. GIBERSON**
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

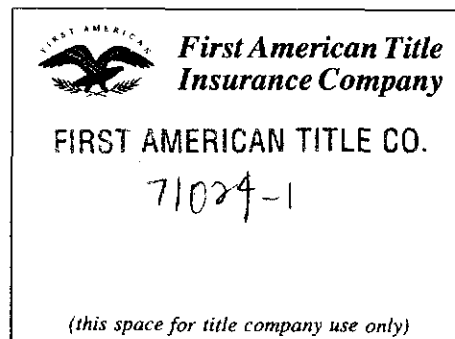
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

LOT 5 "EAGLEMONT PHASE 1E"

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

P117424



NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

SPECIAL 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 requirement of form, substance, formality, or recording that is 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:

That I, **GEOFFREY A. LAMBERT**, currently residing in the State of Washington, by this document do make and appoint **PATRICIA E. GIBERSON**, whose present address is 1337 W. ORCHARD LOOP, OAK HARBOR, WASHINGTON 98277, as my true and lawful attorney-in-fact to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

To make, indorse, accept, receive, sign, seal, execute, acknowledge, and deliver any documents, instruments, or paper necessary or convenient to purchase in my name and for my use the below-described real property in the City of MOUNT VERNON, county of SKAGIT, state of WASHINGTON described on the deed as 1420 EAGLEMONT PLACE, MOUNT VERNON, WASHINGTON and to enter into a contract for such price, at such rate of interest and upon such terms as to him shall seem best, but not to exceed UNKNOWN AT THIS TIME, within these limits: NONE and further, to record this Power of Attorney in the clerk's office of the county of SKAGIT, state of WASHINGTON prior to engaging in any of the above-authorized transactions.

I **HEREBY GIVE AND GRANT** TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

I **FURTHER DECLARE** that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact.

FURTHER, this power of attorney shall remain in full force and effect until November 30, 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 hereon prior to receipt by them of such notice of revocation as may be prescribed by law.



200210220129

Skagit County Auditor

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day, 8th day of October, 2002.

Geoffrey A. Lambert

GEOFFREY A. LAMBERT

ACKNOWLEDGEMENT

State of Washington)
County of ISLAND) SS.:
)

Before me, a notary public, personally appeared GEOFFREY A. LAMBERT, 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, 8th day of October, 2002, as a true, free, and voluntary act and deed, for uses, purposes, and considerations therein set forth.

Susan Stucker, LNZ, USNR

Notary Public

My Commission Expires: 22 FEB 2004

NAME Susan Stucker
10 U. S. C. sec 1044a
NO SEAL REQUIRED

DEPARTMENT OF THE NAVY

Naval Legal Service Office Northwest
Branch Office Whidbey Island
3530 North Langley Boulevard
Oak Harbor, WA 98278-1300

OFFICIAL BUSINESS



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