



200301170156

Skagit County Auditor

1/17/2003 Page 1 of 2 3:19PM

AFTER RECORDING MAIL TO:


Name Ernest Allen

Address 24297 State St.

City / State Sedro Woolley WA 98284

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

1. Durable Power of
2. Attorney
- 3.
- 4.



First American Title Insurance Company
 B71950E-1
 (this space for title company use only)

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. Allen, Mary P
- 2.
- 3.
- 4.

5. Additional names on page _____ of document

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

1. Allen, Ernest R
2. Adkins, Kathy Lee
3. Lovejoy, Nancy L
- 4.

5. Additional names on page _____ of document

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

Complete legal description is on page _____ of document

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

4144-017-020-0012
P 75488

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.

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT: That Mary P. Allen Ireland has made, constituted and appointed, and by these present does make, constitute and appoint Ernest R. Allen, or if unavailable, unable or unwilling to act, then Kathy Lee Adkins, or if unavailable, unable or unwilling to act, then Nancy L. Lovejoy, my true and lawful attorney for me and in my name, place and stead and for my use and benefit to have all necessary or desirable powers to provide for my support, maintenance, health, emergencies and urgent necessities, to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities and 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, for the recovery thereof, by attachments, arrest, distress or otherwise, and to compromise and agree for the same, and to make, sign, seal and deliver acquittances, or other sufficient discharges for the same; for me and my name, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and accept the seizing and possession of all lands, and all deeds and other assurances in the law therefore; and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, upon such terms and conditions and under such covenants as he or she shall think fit; to assign and transfer any note or mortgage; to dedicate any street, avenue, alley, place, way or part for public uses. ALSO, to every way and manner deal in and with goods, wares and merchandise, chooses mortgages on lands or chattels, and to make, do and transact all and every kind of business of what nature and kind soever, AND also for me and in my name and as my act and deed, to sign, seal, 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, evidences of debt, releases and satisfactions of mortgage, judgment and other debts, and such other instruments in writing, of whatsoever kind and 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 my said attorney shall lawfully do or cause to be done, by virtue of these presents.

IT IS MY INTENT that this Power of attorney be in effect in the event of my mental or physical disability.

Arizona
STATE OF ~~WASHINGTON~~
Yuma) SS
COUNTY OF ~~SKAGIT~~)

I certify that I know, or have satisfactory evidence, that Mary P. Ireland signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: January 15, 2003

Alma Montoya
NOTARY PUBLIC of Washington


200301170156
Skagit County Auditor

OFFICIAL SEAL
ALMA MONTOYA
Notary Public - State of Arizona
Commission # 211232
YUMA COUNTY
My Comm. Expires February 7, 2008