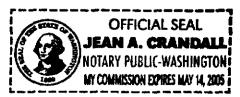
Skagit County Auditor

4:04PM

AFTER RECORDING MAIL TO: 9/4/2003 Page Vann A. & Christine D. Chinchen Name 2219 21st Street Address 98221 Anacortes, WA City, State, Zip Filed for Record at Request of: Chicago Title Company - Island Division AE9390 C28377 SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER) VANN A. CHINCHEN CHRISTINE D. CHINCHEN , hereby appoint 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: The West Half of Lot 8 and all of Lots 9 and 10, Block 213, MAP OF THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington, (Also known as Tract Boof Survey recorded under Auditor's File No. 9412300129, in Volume 16 of Surveys, page 126, records of Skagit County, Washington). Situated in Skagit County, Washington. Assessor's Property Tax Parcel/Account Number: 3772-213-010-0009 P106760 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 , or six (6) months from the date hereof, whichever first occurs. Dated: 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 Vann A. Chinchen I certify that I know or have satisfactory evidence that (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 instrum

Notary Public in and for the state of

My appointment expires:



LPB-71 7/97