



200309150154

Skagit County Auditor

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FIRST AMERICAN TITLE CO.

74770-1

RUBEN IBARRA
2419 CARPENTER ST
MT. VERNON WA 98273

Document Title: SPECIAL
POWER OF ATTORNEY ON
2419 CARPENTER ST. MT. VERNON WA 98273
Reference Number:

Grantor(s): additional grantor names on page ___

1. RUBEN IBARRA
2. LUDIVINA IBARRA

Grantee(s): additional grantee names on page ___

1. LUDIVINA ESTRADA
- 2.

Abbreviated legal description: full legal on page(s) ___

LOT 12, "BELL MARK 1"

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

4358-000-012-0006 P80130

I, Kate Burman, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$8.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Kate Burman Dated 9-15-2003

**RECORDING REQUESTED BY
Financial Title Company
AND WHEN RECORDED MAIL TO**

Name **Ruben Ibarra**
Street **2419 Carpenter**
Address **Street**

City, State **Mount Vernon, WA**
e
Zip

Order No. **43056666-406-SRP**

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SPACE ABOVE THIS LINE FOR RECORDER'S USE

**SPECIAL POWER OF ATTORNEY ON
2419 CARPENTER STREET, MOUNT VERNON, WA 98273
(California Probate Code Section 4401)**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Ruben Ibarra and Ludivina Ibarra, husband and wife

appoint **Ludivina Estrada**

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following subjects indicated by signature:

TO GRANT ALL OF THE FOLLOWING POWERS, SIGN THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, SIGN THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT SIGN THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS C POWER WITHHELD.

SIGN

x Ruben Ibarra & Ludivina Estrada
x Ruben Ibarra & Ludivina Estrada

x Ruben Ibarra & Ludivina Estrada

x Ruben Ibarra & Ludivina Estrada

x Ruben Ibarra & Ludivina Estrada

- (A) Real property transactions.
- (B) Tangible personal property transactions.
- (C) Stock and bond transactions.
- (D) Commodity and option transactions.
- (E) Banking and other financial institution transactions.
- (F) Business operating transactions.
- (G) Insurance and annuity transactions.
- (H) Estate, trust, and other beneficiary transactions.
- (I) Claims and litigation.
- (J) Personal and family maintenance.
- (K) Benefits from social security, medicare, medicaid, or other g programs, or civil or military service.
- (L) Retirement plan transactions.
- (M) Tax matters.
- (N) ALL THE POWERS LISTED ABOVE.

YOU NEED NOT SIGN ANY OTHER LINES IF YOU SIGN LINE (N).

SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

The Powers Granted Herein Shall Only Pertain To matters That Affect Real Property More Commonly Known As: 2419 Carpenter Street, mount Vernon, WA

TAX ACCOUNT # 43058-000-017-0006 / P80130 / LOT 17 "BELL MARK 1"



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UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act _____.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective until a third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power attorney.

Signed this 5TH day of AUGUST, 2003

Ruben Ibarra (Signature)

Ludivina Ibarra (Signature)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA WASHINGTON
COUNTY OF SKAGIT } S.

On AUGUST 5, 2003 before me,

JANET S. WATKE

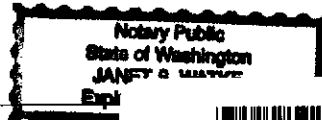
a Notary Public in and for said County and State, personally appeared

RUBEN IBARA AND
LUDIVINA IBARA

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) 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 Janet S. Watke



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LEGAL
DESCRIPTION

The land referred to in this report/policy is situated in the State of Washington, County of Skagit,
and is described as follows:

Lot 12, "PLAT OF BELL MARK I", as per plat recorded in Volume 11 of Plats, page 75, records
of Skagit County, Washington.



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