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Return Address	
Name Deborah A. Smith	
Address P.O. Box 733	
City, State, Zip Anacortes, WA 98221	
***************	**************
Document Title(s) (or transactions contained therein):	FIRST AMERICAN TITLE CO.
1. Special Power of Attorney 2. 3. 4.	SDIDO
Reference Number(s) of Documents assigned or released: (on page of documentation(s))	
Grantor(s) (Last name first, then first name and initials)	Ž
1. John W. Smith	
2. 3.	
4.	
5. Additional names on page of document.	*************
Grantee(s) (Last name first, then first name and initials)	
1. Deborah Ann Smith 2.	
3.	
4.	
5. Additional names on page of document.	
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range)	
Poetion Lots 36 and 37, GILL	Ey's ADDITION TO BURLINGTON
Additional legal is on page of document	

Assessor's Property Tax Parcel/Account Number 4085	A D B B B B B B B B B B B B B B B B B B
Additional Tax Parcel/Account Numbers on page	of document (P73580)
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	
Washington State County Auditor/Recorder's	

ngton State County Auditor/Recorder's Indexing Form (Cover Sheet)

SPECIAL POWER OF ATTORNEY - MILITARY PAY

KNOW EVERYONE BY THESE PRESENTS, which are intended to constitute a SPECIAL	
Power of Attorney, THAT I, John W Smith, having an address at 2201 1315+ ANACOTYS, WA 9822, hereby make, constitute and	
appoint Deborah ANN Smith, having an address at	
2201 13 fb 5 ANACOT te 5 WA as my attorney-in-fact TO ACT in my	
name, place and stead in any way which I could do, if I were personally present, to the extent that I am permitted by	
law to act through an agent:	
(a) to process any and all changes to my military pay account; to inquire about any and all pay	
issues pertaining to my account as a servicemember; to inquire about the status of my pay as well	
as to inquire regarding entitlements that I might be entitled to; to make corrections as necessary to	
my account;	
(b) to do, execute, perform and finish for me and in my name all things which my attorney-in-fact	
shall deem necessary or appropriate in and about or concerning my military pay or any part	
thereof.	
This resum of attention have a shall be unique as $M(A, I) = 200 \text{ f}$	
This power of attorney, however, shall terminate on $mq / 12$, 200 $\underline{3}$.	
To induce any third party to act hereunder, I hereby agree that any third party receiving a duly	
executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof	
shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or	
termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives	
and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims	
that may arise against such third party by reason of such third party having relied upon the provisions of this power	
of attorney.	
IN WITNESS WHEREOF, I have executed this special power of attorney this 13 day of	
$\frac{5aN}{2004}$, 2004.	
This Xmille	
Jan Jinu	
ATT TO ON WAR AND LOTTON COMPLETE OF THE OFFI	
STATE OF WASHINGTON, COUNTY OF PIERCE, ss.	
On this day personally appeared before me Soh U Smith, known	
to me to be the individual described in and who executed the aforesaid power of attorney, and acknowledged that he	
had signed as his free and voluntary act and deed for the uses and purposes therein mentioned.	
Given under my hand and official seal this 13 day of Tarusay 2004	
M AMILIA	
Section 6. Control of the control of	
NO IARY III	
Notary Pfolic Notary Pfolic	
My commission expires on	
257402004	
200402090089	
200402090089 Skagit County Auditor	

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