

WHEN RECORDED RETURN TO:



200410080150

Skagit County Auditor

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## Chicago Title Insurance Company

1032198 ✓

DOCUMENT TITLE(s)

1. GENERAL POWER OF ATTORNEY
- 2.
- 3.

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ Additional numbers on page \_\_\_\_\_ of the document

GRANTOR(s):

1. ABELARDO GOMEZ
- 2.
- 3.

☐ Additional names on page \_\_\_\_\_ of the document

GRANTEE(s):

1. MARIA A. GOMEZ
- 2.
- 3.

☐ Additional names on page \_\_\_\_\_ of the document

ABBREVIATED LEGAL DESCRIPTION:

Lot 25, CEDARWOOD

XX ☒ Complete legal description is on page 3 of the document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

4567-000-025-0004 P100783

☐ (sign only if applicable) I am requesting an emergency nonstandard recording for an additional fee as 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.

Signature \_\_\_\_\_

This cover sheet is for the County Recorder's indexing purposes only.  
The Recorder will rely on the information provided on the form and will not read the document to verify the accuracy or completeness of the indexing information provided herein.

# General Power of Attorney

## (with Durable Provision)

### APARTMENT – CONDOMINIUM – HOUSE

**NOTICE:** THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, ABE/ARDO GOMEZ  
of 4302 CEDARWOOD CT. MT. VERMILION, WA 98273  
the undersigned Principal, do hereby make and grant a general power of attorney to MARIA ANN GOMEZ  
4302 of 4302 CEDARWOOD CT. MT. VERMILION WA 98273  
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

If my Agent is unable to serve for any reason, I designate MARIA A. GOMEZ  
of \_\_\_\_\_, as my successor Agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

**(NOTICE:** The Principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- |                                     |     |   |
|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | (A) | Real estate transactions  |
| <input checked="" type="checkbox"/> | (B) | Tangible personal property transactions   |
| <input checked="" type="checkbox"/> | (C) | Bond, share and commodity transactions  |
| <input checked="" type="checkbox"/> | (D) | Banking transactions  |
| <input checked="" type="checkbox"/> | (E) | Business operating transactions   |
| <input checked="" type="checkbox"/> | (F) | Insurance transactions  |
| <input checked="" type="checkbox"/> | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent<br>(If trust distributions are involved or tax consequences are anticipated,<br>consult an attorney.)          |
| <input checked="" type="checkbox"/> | (H) | Claims and litigation   |
| <input checked="" type="checkbox"/> | (I) | Personal relationships and affairs  |
| <input checked="" type="checkbox"/> | (J) | Benefits from military service  |
| <input checked="" type="checkbox"/> | (K) | Records, reports and statements   |
| <input checked="" type="checkbox"/> | (L) | Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the<br>foregoing powers to any person or persons whom my attorney-in-fact/agent shall select. |
| <input checked="" type="checkbox"/> | (M) | Access to safe deposit box(es)  |
| <input checked="" type="checkbox"/> | (N) | To authorize medical and surgical procedure   |
| <input checked="" type="checkbox"/> | (O) | All other matters   |



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**Durable Provision:**

[ ]

(P)

If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

**Other Terms:**

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT 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, AND I FOR MYSELF AND FOR 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 ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 26 day of Sept. Aug, 2004.

Signed in the presence of:

Witness:

Witness:

Witness:

Principal:

State of

County of

On August 26, 2004 before me, Abelardo Gomez, appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature:

Affiant \_\_\_\_\_ Known ☒ Produced ID  
Type of ID \_\_\_\_\_

(Seal)



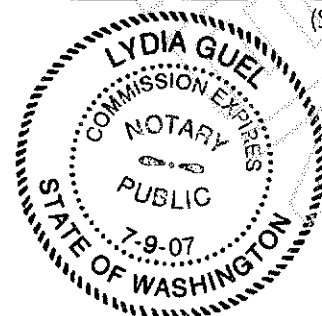
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## EXHIBIT A

Lot 25, CEDARWOOD, according to the plat thereof, recorded in Volume 15 of Plats, pages 10 and 11, records of Skagit County, Washington.

Situated in Skagit County, Washington



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