

Return Address:
Land Title Company
3010 Commercial Ave.
Anacortes, Wa 98221
116312-S



200506060006
Skagit County Auditor

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LAND TITLE OF SKAGIT COUNTY

Document Title(s) (for transactions contained therein): 1. Power of Attorney 2. 3. 4.
Reference Number(s) of Documents assigned or released: (on page of documents(s))
Grantor(s) 1. Richard Vincent 2. 3. 4.
Additional Names on page _____ of document.
Grantee(s) 1. Lynn Vincent 2. 3. 4.
Additional Names on page _____ of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range)
Additional legal is on page _____ of document.
Assessor's Property Tax Parcel/Account Number P79889/4357-002-004-0003
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided

ORIGINAL

GENERAL POWER OF ATTORNEY

I, RICHARD D. VINCENT, of KING County, Washington, as Principal, hereby appoint LYNN VINCENT, of KING County, my attorney in fact, granting him or her full power and authority for me and in my name, place and stead to:

1. Transfer, sell, lease, encumber, assign, exchange, convey, contract, agree for, purchase, accept ownership or possession of, or exercise any option, election, privilege or power with respect to, any or all property, real and personal, tangible and intangible, in or outside of Washington State, upon such terms and conditions as my attorney in fact may determine;
2. Demand, sue for and receive any sum of money, debt, account, interest, dividend, annuity or other property or interest to which I am now or may hereafter become entitled, and to use all lawful means for the recovery thereof;
3. Sue on, defend, and compromise or settle any claim affecting my interests;
4. To transact all business of mine; and
5. Otherwise, on my behalf, to act with respect to, deal with, or affect any property, chose in action, interest or expectancy.

I hereby grant to my attorney in fact full power and authority to perform in my name, place and stead all acts (including but not limited to execution of any written instrument) which are necessary or proper to be done in connection with the foregoing general grant of authority, to the same extent that I could perform such acts if I were personally present. I hereby ratify and confirm all that my attorney in fact lawfully does or causes to be done by virtue of this power of attorney.

My death, disability or incompetence shall terminate the authority granted herein upon actual knowledge thereof being received by my attorney in fact. In addition, I may terminate the authority granted hereunder at any time by manifestation of my intent to do so to my attorney in fact, provided, however, if this power has been recorded pursuant to Chapter 65.08 of the Revised Code of Washington, or any



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