Return Address:

Land Title Company P.O. Box 445 Burlington, WA 98233



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3 4:03PM

	LAND TITLE OF SKAGIT COUNTY 118388-PE
Document Title(s) (for transact	ctions contained therein):
1. General Power of Attorne	y
2.	
3. ************************************	

Reference Number(s) of Documents assigned or released: (on page of documents(s))

Grantor(s)

- 1. Ronald Dolor Beland
- 2.
- 3.
- 4.

Additional Names on page

of document.

Grantee(s)

- 1. Donna Beland
- 2.
- 3.

4.

Additional Names on page

of document.

Legal Description (abbreviated i.e. lot, block, plat or section, township, range)

Lot 3, SP 02-0691 being a ptn. of Lot 5, Dieter's Acreage

Additional legal is on page

of document.

Assessor's Property Tax Parcel/Account Number

3899-000-005-0300, P122089

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 herein.

DONNA M. BELOND 2320 CEDAR CH. Mt. VERNON, WA. 98273

> A205-10 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

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.

of Sedro Woolley, Washington the undersigned Grantor, do hereby make and grant a general power of attorney to Donna Morre Beland, of Mount Vernon, Washington and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact 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 grantor 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 Grantor 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.)

- (A) Real estate transactions
- (B) Tangible personal property transactions
- (C) Bond, share and commodity transactions
- (D) Banking transactions
- (E) Business operating transactions
- (F) Insurance transactions
- (G) Gifts to charities and individuals other than Attorney-in-Fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- (H) Claims and litigation
- (I) Personal relationships and affairs
- (J) Benefits from military service
- (K) Records, reports and statements

APAA

Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

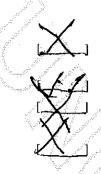




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- (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select
- (M) Access to safe deposit box(es)
- (N) All other matters

Durable Provision:

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

Other Terms:

My attorney-in-fact 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 28th day of July, 3000 year).
Signed in the presence of:
TAME TOLD TO BOIN KIN
Witness Grantor
Trekte Plutter 4/28/00 Konna m. Beland
Witness Attorney-in-Fact
State of 11/2 Alexatory
State of Washington, County of Skag tto
on 28 July 2000 before me, Vam Swarmer, appeared,
Ronald D'. Beland, personally known
to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is is/as subscribed to the within instrument and acknowledged to me that he/shall be executed the same in his/he/shall authorized canac-
the within instrument and acknowledged to me that he/sbetter rescaled the same in his/hos/these authorized capacity(hos), and that by his/hos/these signature(s) on the instrument the personal, or the entity upon behalf of which the
person(x) acted, executed the instrument.
ity() and that by his/Dev(thetr signature(s) on the instrument the person(x), or the entity upon behalf of which the person(x) acted, executed the instrument. WITNESS my hand and official seal.
Signature Yam Swalmer PUBLIC &
Signature Yam DW almost V
Signature 7 Am Survey OF WASHIT Affiant Known Produced ID
Signature Yam Swammer) OF WASHING Affiant Known Produced ID (Seal) Note that the season of the se
If your state requires 9.1/-" x 1.1" forms, out off the bottom of this page at the datted line.

If your state requires 8 ½" x 11" forms, cut off the bottom of this page at the dotted line

