WHEN RECORDED RETURN TO:

LEIGH'S. WOODLAND 910 CHUGACH WAY ANCHORAGE, AK 99503



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Chicago Title Insurance Company

425 Commercial Street - Mount Vernon, Washington 98273 IC38206

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DOCUMENT TITLE(s):
1. LIMITED POWER OF ATTORNEY
REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:
☐ Additional numbers on pageof the document
GRANTOR(s):
1. JEFFREY PHILIP CARLSTROM
Additional names on page of the document
GRANTEE(s):
1. LEIGH STERLING WOODLAND
☐ Additional names on pageof the document
LEGAL DESCRIPTION:
TRACT 3, "SMITH SKAGIT HIDEAWAY", AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 98, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SITUATE IN SKAGIT COUNTY, WASHINGTON.
ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):
4211-000-003-0002, P73925

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.

Limited 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.

DIVING 14				
TO ALL PERSONS, be it known that I define Philip Carlstrom				
of 910 Chugadi Way Androvace, Alatka				
as timuladi, do neleby make and dialit a limited and specific poyver of attorney to				
Lyigh Sterling Woodland				
of 35648 Shaudvila En Homilton, Washington				
and appoint and constitute said individual as my attorney in-fact.				
My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on				
my behalf to the same extent as if I had done so personally, all with full power of substitution and revocation in the presence:				
(Describe specific authority) To sign and all documents				
(Describe specific authority) To sign any and all documents Aerlinent to the parchase of the property at 110 Water 5t Hamilton, Washington				
110 Water St Hamilton, Washington				
The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the				
specific authorities and duties stated or contemplated herein.				

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

lagree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Principal. This power of attorney may be revoked by the Principal giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Principal resides. Furthermore, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such a time as said court determines that I am no longer incompetent.

Other terms: _	1	
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200605190094 Skagit County Auditor

Signed under seal this		day of	Yarch		, 20 <u>06</u> .
Signed in the presence Witness:	e of:		Dringingly	Offen Phil	p Carleton
Witness:				My Com	p comeon
State of Alas	anisbull B	7 testa	ict		
on Harch	1844 2006	before me,	Sindy	Donah	<u>ာ</u> ဧ
appeared personally known to r	me (or proved to me on	the basis of satisfa	actory evidence) to be	the person whose name	is subscribed
his/her signature on the WITNESS my band an	he instrument the persor	o me that he she on, or the entity up	executed the same in on behalf of which th	his)her authorized capacite e person acted, executed	ry, and that by the instrument.
Signature:	all plan	رميسو			
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					(Seal)
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