

WHEN RECORDED RETURN TO:

Larry Kirchner
4021 56th Avenue SW
Seattle, WA 98116



200609190133

Skagit County Auditor

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Chicago Title Insurance Company

3110 Commercial Avenue -Anacortes, Washington 98221 IC39966/AE11617

DOCUMENT TITLE(s):

1. SPECIAL POWER OF ATTORNEY

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ Additional numbers on page _____ of the document

GRANTOR(s):

- 1. Amy J. Kirchner-Baker**
- 2.**

☐ Additional names on page _____ of the document

GRANTEE(s):

- 1. Mary and Larry Kirchner**
- 2.**

☐ Additional names on page _____ of the document

LEGAL DESCRIPTION:

Lot 46, Block 2, HOLIDAY HIDEAWAY NO. 1, according to the plat thereof, recorded in Volume 8 of Plats, pages 36 through 42, records of Skagit County, Washington.

Situated in Skagit County, Washington.

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

3926-002-046-0008 P65776

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.

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, Amy J. Kirchner-Baker, a family member of the United States Armed Forces, currently stationed at Vilseck, Germany, do hereby appoint, Mary and Larry Kirchner, currently at Seattle, WA, my true and lawful attorney-in-fact to do the following in my name and in my behalf:

Authority to care for not limited to maintenance, upkeep, and daily management of the below named property, not limited to the right to bargain, sell, assign, and convey, using the standard of a reasonable seller under no compulsion to sell and engaging in an arms-length bargaining transaction, to any person of my attorney's choice, all my right, title and interest in Lot 46, Guemus Island, Skagit County, WA, and to convey by deed or general warranty with the customary covenants; to receive, on my behalf, payment of the sale, money for the real property described above in any manner that my attorney shall deem wise; to execute, acknowledge and deliver any HUD Settlement Statement after I reviewed and approved these documents, to transmit these moneys into my bank account or by means of a cashier's check sent to me, and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on 11 August 2007.

I intend for this to be a **DURABLE Power of Attorney**. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent; or when the United States Government determines that I am in a military status of "missing," "missing in action," or "prisoner of war." All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this power of attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this power of attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on that specified expiration date I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of

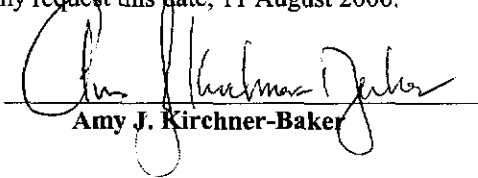


exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have recovered from such disability **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.** Furthermore, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to the United States military control following termination of such status **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.**

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

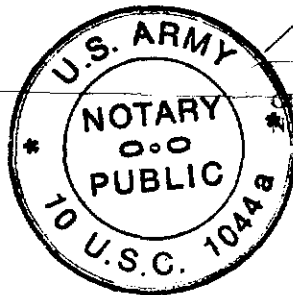
All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

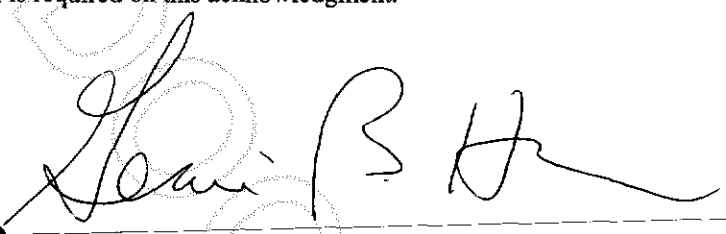
IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, 11 August 2006.


Amy J. Kirchner-Baker

WITH THE ARMED FORCES OF THE UNITED STATES
AT VILSECK, GERMANY

Subscribed, sworn to and acknowledged before me by Amy J. Kirchner-Baker, who is known to me to be a family member of the Armed Forces of the United States, on 11 August 2006. This acknowledgment is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states that no seal is required on this acknowledgment.




DENISE B. HUGHES, GS-12, Dept. of the Army Civilian Attorney;
Notary Public UP Title 10, U.S.C., Section 1044a and AR 27-55, Para. 2-2a(4)



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