

Return Address:

JONATHAN W BENNETT
1203 S SPRUCE LANE
BURLINGTON WA 98233



200701310116
Skagit County Auditor

1/31/2007 Page 1 of 2 1:17PM

LAND TITLE OF SKAGIT COUNTY

124366-P

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. JONATHAN W BENNETT 2. 3. 4.
Additional Names on page of document.
Grantee(s) 1. AMANDA L BENNETT 2. 3. 4.
Additional Names on page of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) LOT 19 GILKEYS ADD
Additional legal is on page of document.
Assessor's Property Tax Parcel/Account Number 4085-000-019-0009/P72566
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.

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Jonathan W. Bennett, of Mount Vernon, WA, have made, constituted and do by these presents make, constitute and appoint my wife Amanda L. Bennett, as my attorney-in-fact for me and in my name and stead, to execute any document or perform any other act, commitment or engagement on my behalf concerning the purchase by us of real estate located at 1203 Spruce St., Burlington, WA 98233.

I hereby give and grant to my said attorney-in-fact all power to do any act which I might do if personally present and acting in connection with the above-referenced real estate purchase. I shall hold harmless any person who may act in reliance upon the authority granted to my said attorney-in-fact hereby.

This Power of Attorney shall not be affected by the disability of the undersigned Principal.

This Power of Attorney shall remain in force and effect until the closing of the above-referenced transaction, or unless sooner revoked by the undersigned in writing.

The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney-in-fact, nor the person with whom he or she was dealing at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise, and any action so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representatives.

DATED: 12/24/07

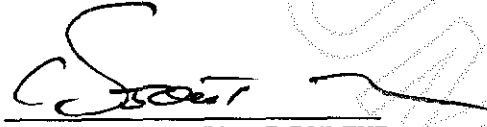

JONATHAN W. BENNETT

STATE OF WASHINGTON)
(ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Jonathan W. Bennett signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 1/18/07




NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON,
Residing at Mt. Vernon
My commission expires: 3/1/08
Printed Name: Craig Sjostrom

