200707270098 Skagit County Auditor

When recorded return to:

K. TODD WALLENFELSZ PAMELA WALLENFELSZ 15363 SUNSET LANE MOUNT VERNON, WA 98273 7/27/2007 Page

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111:37AM

SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER)

	FIRST AMERICAN TITLE CO. 1392185F-1
I, K. TODD WALLENFELSZ	1092185E-1
hereby appoint PAMELA WALLENFELSZ	
	in my name and stead, and for my use and benefit to execute cts, deeds of trust and any other instruments which may be ner the following described real property:
Abbreviated Legal:	
Tract 13, "LIND'S McLEAN TRACTS"	
Tract 13, "LIND'S McLEAN TRACTS", as pe County, Washington.	er plat recorded in Volume 6 of Plats, page 36, records of Skagit
Tax Parcel Number(s): P67251,3946-000-013	0006
Together with any personal property located th	ereon.
acts necessary or incident to the performance a	fact full authority and power to do and perform any and all other and execution of the powers herein expressly granted with power as fully to all intents and purposes as the Grantor might or could
This Special Power of Attorney will cease and day of, or	be of no further effect after the rsix (6) months from the date hereof, whichever first
	ult in another person having full right to encumber your real
property and obligate you to a debt. It is rec	
	commended that you obtain counsel from your attorney prior
to execution of this document.	commended that you obtain counsel from your attorney prior
	commended that you obtain counsel from your attorney prior
to execution of this document.	7/24/07
to execution of this document.	7/24/07
Dated:	SS:
Dated: K. TODD WALLEYFELSZ State of County of Skagit County of Skagit County evider the person(s) who appeared before me, and said	
Dated: K. TODD WALLEYFELSZ State of County of Skagit Value State of County of Washington the person(s) who appeared before me, and said and acknowledge it to be his/her/their free and	SS: SS:
Dated: K. TODD WALLEYFELSZ State of Washington County of Skagit Vices I certify that I know or have satisfactory evider the person(s) who appeared before me, and said and acknowledge it to be his/her/their free and instrument.	SS: SS:
Dated: K. TODD WALLEYFELSZ State of Washington County of Skagit Vices I certify that I know or have satisfactory evider the person(s) who appeared before me, and said and acknowledge it to be his/her/their free and instrument.	SS: SS:

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