



200708160157
Skagit County Auditor

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REQUESTED BY
LandAmerica Lender Services
600 Clubhouse Drive Suite 400
Moon Township, PA 15108

MAIL TO:
LandAmerica Lender Services
600 Clubhouse Drive Suite 400
Moon Township, PA 15108

LAND TITLE OF SKAGIT COUNTY 126568-TA

Lot 20 Vista too Div 1
P82898

LIMITED POWER OF ATTORNEY

NOTICE: This is an important document. It gives the person whom you designate (your "Agent" also called "Attorney in Fact") broad powers for a specific transaction, to handle your property during a certain period of time, which may include powers to mortgage your real property with advance notice to you by web based closing. These powers will continue to exist even after you have become disabled or incompetent, but the powers cease to exist at the conclusion of the transaction for which this power is granted. This document does not authorize anyone to make medical or other health care decisions. You may execute a different document, a health care proxy to do this. If there is anything about this document that you do not understand, you should ask a licensed attorney in your state to explain it to you.

BE IT KNOWN, that **WILBUR S. JOHNSON AND SANDRA A. JOHNSON**
("Principal")

Whose address is: **2414 VISTA LANE, ANACORTES, WA 98221**

has made and appointed, and by these presents does make and appoint the following person(s) who are employees of LandAmerica, namely: **Brian Estus, Vernon Garvin, Virginia Lemley, Christopher Leonard, and Shane Rushman** and if more than one person is named, then each of whom may act separately, whose addresses are C/O LandAmerica, at 600 Clubhouse Drive, Suite 400; Moon Township, PA 15108 my/our true and lawful Attorney in Fact (also called Agent) for them and in their name, place and stead, for the following **specific and limited purposes:**

(1) This Limited Power of Attorney is given for the specific and limited purpose of refinancing the existing loan or loans secured by a mortgage(s) or deed of trust(s) encumbering the real property located at (insert property address) **2414 VISTA LANE, ANACORTES, WA 98221** more particularly described in Exhibit A attached hereto, with **ING DIRECT** (Lender) with a new loan in the approximate amount of \$120,000, to be secured with a mortgage or deed of trust encumbering said real property, and expected to close on or about August 1, 2007 (hereinafter referred to as the "Refinance.")

(2) To mortgage, refinance, hypothecate, assign, transfer, and in any manner deal with the real estate to effectuate the above referenced refinancing (which may also be called "banking transactions" under state statute);

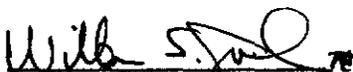
(3) To execute, acknowledge, deliver escrow instructions, and all Closing Documents including but not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, Security Instruments, Riders, Attachments and Addenda, including any documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the transaction, those documents needed by governmental and taxing authorities, Covenants, Agreements and Assignments of Agreements, Assignments of Mortgages, Assignments of Deeds of Trust, Lien Waivers, encumbrance or waiver of homestead and any marital rights necessary to obtain the financing, Settlement Statements, Truth In Lending Disclosures, Loan Applications, HUD 1 and other written instruments of whatever kind and nature, all upon such terms and conditions as said Attorney in Fact (also called Agent) shall approve.

Further giving and granting said Attorney in Fact (also called Agent), full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in and about the specific and limited premises (setout herein) as fully to all intents and purposes as I might or could be done if personally present, hereby ratifying and confirming all that said Attorney in Fact (also called Agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney shall become effective immediately, and shall not be affected by my subsequent disability, incapacity or lack of mental competence, except as may be provided otherwise by an applicable state statute. This Power of Attorney is not intended to revoke or terminate any previously executed General Durable Power of Attorney except to the limit that it would affect this specific transaction and this Power of Attorney is limited to the specific time and for the specific purposes described herein. I may revoke this Power of Attorney at any time by providing written notice to my Attorney in Fact (also called Agent), however such revocation shall not be effective as to third parties acting in reliance upon this Power of Attorney if recorded, unless and until the revocation is similarly recorded in the same county and state registry or other established records for the recording of Powers of Attorney. This Power of Attorney is limited to a specific refinance, and this Power of Attorney shall continue in full force and effect until recordation of the Mortgage/Deed of Trust and execution of any other documents necessary to complete this refinance transaction.

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.

I, **WILBUR S. JOHNSON AND SANDRA A. JOHNSON**, the principal, sign my name to this power of attorney this 20th day of July, 2007 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, that I execute it as my free and voluntary act for the purpose(s) expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.


WILBUR S. JOHNSON


SANDRA A. JOHN



200708160157
Skagit County Auditor

State of: WA

County of: SKAGIT

BEFORE ME personally appeared **WILBUR S. JOHNSON AND SANDRA A. JOHNSON**, who is/are personally known to me or who has produced DRIVERS LICENSES as identification (or proved to me on the basis of satisfactory evidence) to me known to be the individual(s) described in and who executed the within and foregoing Power of Attorney instrument and acknowledged before me that they executed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned and desired the same be recorded as such.

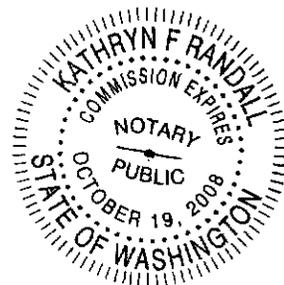
WITNESS my hand and official seal in the county and state aforesaid this 20th day of July, 2007.

Notary Public:

Kathryn Randall

My Commission Expires:

10-19-08



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ACKNOWLEDGMENT OF ATTORNEY-IN-FACT

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "Agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law, when I act as Agent:

I accept the appointment as Agent.

I understand the duties under the Power of Attorney and under the law.

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

[Handwritten Signature]

Signature of Agent/Attorney-in-Fact

Shane Rushman

Printed name of Agent/Attorney-in-Fact

8/7/07

Date

State of: *PA*

County of: *Allegheny*

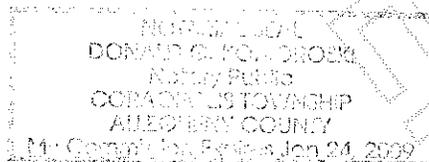
BEFORE ME personally appeared *Shane Rushman*, who is/are personally known to me or who has produced _____ as identification (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing Power of Attorney instrument and acknowledged before me that they executed the same, and desired the same be recorded as such.

WITNESS my hand and official seal in the county and state aforesaid this 7 day of August, 20 07.

Notary Public *Donald G. Cross*

My Commission Expires: _____

Address: _____



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