

WHEN RECORDED RETURN TO:

WILLIAM R. MCKINLEY  
7596 VALERIA PLACE  
SEDRO WOOLLEY WA 98284



200709260005

Skagit County Auditor

9/26/2007 Page

1 of

5 8:39AM

## Chicago Title Insurance Company

425 Commercial Street – Mount Vernon, Washington 98273

IC43004

DOCUMENT TITLE(s)

1. SPECIFIC DURABLE POWER OF ATTORNEY
- 2.
- 3.

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ Additional numbers on page \_\_\_\_\_ of the document

GRANTOR(s):

1. WILLIAM R. MCKINLEY
- 2.
- 3.

☐ Additional names on page \_\_\_\_\_ of the document

GRANTEE(s):

1. LAGINA M. MCKINLEY
- 2.
- 3.

☐ Additional names on page \_\_\_\_\_ of the document

ABBREVIATED LEGAL DESCRIPTION:

**LOT 11, ELK HAVEN ESTATES**

☐ Complete legal description is on page 3 of the document

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

**4797-000-011-0000/P119390**

☐ (sign only if applicable) I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature \_\_\_\_\_

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.

[Space Above This Line For Recording Data]

After Recording Return To:  
William R. McKinley  
7596 Valeria Place  
Sedro Woolley, WA 98284  
Prepared By:

## SPECIFIC DURABLE POWER OF ATTORNEY

NOTICE: IF YOU HAVE ANY QUESTIONS ABOUT THE POWERS YOU ARE GRANTING TO YOUR AGENT AND ATTORNEY-IN-FACT IN THIS DOCUMENT, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

Section: \_\_\_\_\_  
Block: \_\_\_\_\_

Lot: 11  
Unit: Elk Haven Estates

Specific Durable Power of Attorney  
1U015-XX (03/07).01(d/i)

Page 1 of 4



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200709260005  
Skagit County Auditor

9/26/2007 Page

2 of

5 8:39AM

DOC ID #: 00017608361209007

I, William R. MCKINLEY

whose address is

P.O. BOX 611

BONNER, MT 59823

appoint Lagina M. McKinley

whose address is

as my agent and attorney-in-fact ("Agent") to act for me in any lawful way with respect to applying for and consummating financial transactions involving the Property (described below).

## 1. PROPERTY

The Property is described as:

LOT 11, ELK HAVEN ESTATES, ACCORDING TO THE PLAT THEREOF,  
RECORDED AUGUST 6, 2002, UNDER AUDITOR'S FILE NO. 200208060083,  
RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATED IN SKAGIT  
COUNTY, WASHINGTON.

and has an address of

7596 VALERIA PL

SEDRO WOOLLEY, WA 98284-7518

## 2. AGENT'S AUTHORITY

*(YOU MUST CROSS OUT ALL POWERS YOU WISH TO WITHHOLD FROM YOUR AGENT)*

I hereby authorize my Agent to do all acts necessary to obtain financing and pledge the Property as security on my behalf for the following purposes:

Purchase the Property

~~Refinance to pay off existing liens on the Property~~

~~Construct a new dwelling on the Property~~

~~Improve, alter or repair the Property~~

~~Withdraw cash equity from the Property~~

~~Establish a line of credit with the equity in the Property~~

Specific Durable Power of Attorney  
1U015-XX (03/07).01

Page 2 of 4



200709260005  
Skagit County Auditor

9/26/2007 Page 3 of 5 8:39AM

### 3. SPECIAL INSTRUCTIONS

**VA Loan:** In the event my Agent applies for a loan on my behalf that is guaranteed by the Department of Veterans Affairs: (1) all or a portion of my entitlement may be used; (2) if this is a purchase transaction, the price of the Property is \$350,000.00 ; (3) the amount of the loan to be secured by the Property is \$297,500.00 ; and (4) I intend to use and occupy the Property as my home. My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

**FHA Loan:** I intend to use and occupy the Property as my home. My Agent is authorized to sign the loan application (only if I am incapacitated), receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

**Conventional Loan:** My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

### 4. GENERAL PROVISIONS

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED BY ME. Any third party who receives a copy of this Power of Attorney may act under it. Revocation of this Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party due to reliance on this Power of Attorney.



200709260005

Skagit County Auditor

DOC ID #: 00017608361209007

THIS POWER OF ATTORNEY IS NOT AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY.

I HEREBY RATIFY AND CONFIRM ALL THAT MY AGENT MAY LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS POWER OF ATTORNEY AND THE RIGHTS, POWERS AND AUTHORITY GRANTED HEREIN.

William R. McKinley  
Principal

WILLIAM R. MCKINLEY

9-19-07  
Date

[Signature]  
Witness

9-19-07  
Date

[Signature]  
Witness

9/19/07  
Date

WARNING TO AGENT: THE AGENT AND ATTORNEY-IN-FACT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Notary Public must ensure the acknowledgment is in correct form.

STATE OF Montana  
COUNTY OF Missoula

The foregoing instrument was acknowledged before me this

19th September 2007 by

Dusan M. Hogan  
Notary Public

Specific Durable Power of Attorney  
1U015-XX (03/07).01

Page 4 of 4

NOTARY PUBLIC for the State of Montana  
Residing at Florence, Montana  
My Commission Expires October 17, 2010



200709260005

Skagit County Auditor

9/26/2007 Page

5 of

5 8:39AM