



200709280143
Skagit County Auditor

9/28/2007 Page 1 of 3 2:35PM

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After recording return to:

Michael E. Thompson
5505 Vale Street
Anacortes, WA. 98221

Prepared by:

GUARDIAN NORTHWEST TITLE CO.
A 92800E-1

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. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, MICHAEL E. THOMPSON

whose address is 5505 VALE ST. ANACORTES, WA. 98221

appoint KIMBERLEE C. THOMPSON Kimberlee C. Thompson

whose address is SAME AS ABOVE

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: The Attached Legal

and has an address of 5505 VALE ST. ANACORTES, WASH. 98221

P59732

LOT 75, "Skyline No. 8"

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

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 \$ _____; (3) the amount of the loan to be secured by the Property is \$ _____; 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.

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.

Witness Date

Will D. B. 9-12-07

Principal Date

Witness Date

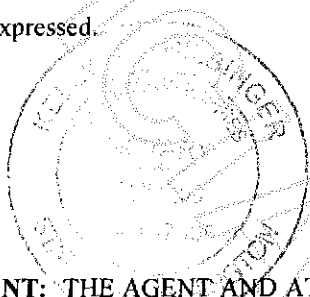


ATTENTION NOTARY PUBLIC: If the acknowledgment below does not meet the statutory requirements of your authorizing state, complete a proper acknowledgment on a separate sheet of paper and attach it to this document.

STATE OF Washington

COUNTY OF Skagit

Before me, on this day personally appeared Michael F Thompson,
known to me (or proved to me on the oath of himself
or through WDL) to be the person whose name is
subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and
consideration therein expressed.



Kelly K. Hilbring
Notary Public

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.