



200811070085

Skagit County Auditor

11/7/2008 Page 1 of 4 3:23PM

Daniel Soria
512 N. 79th St.
Seattle, WA. 98103

**GUARDIAN NORTHWEST TITLE CO.
SPECIFIC DURABLE POWER OF ATTORNEY**

[Space Above This Line For Recording Data]

After Recording Return To:

95927-1

Grantor: Daniel Soria

Prepared By:

Grantee: Ambe L. Soria

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.

Rtn Gov Lot 13

34041900470000

Section: 19-34-4

Lot: _____

Block: _____

Unit: _____

Specific Durable Power of Attorney
1U015-XX (12/07)(d/s)

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I, DANIEL SORIA,
whose address is
512 N 79TH STREET SEATTLE, WASHINGTON 98103

appoint AMBER L. SORIA (MY WIFE)
whose address is
512 N. 79TH STREET SEATTLE, WASHINGTON 98103

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:
SKAGIT COUNTY WASHINGTON LEGAL DESCRIPTION:

DK 1: THAT PORTION OF GOVERNMENT LOT 13, SECTION 19, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 449 FEET EAST AND 120 FEET SOUTH OF THE NORTHWEST CORNER OF SAID GOVERNMENT LOT 13, SAID POINT BEING THE NORTHWEST CORNER OF A TRACT CONVEYED TO WILHELMINA REINSTRA, A WIDOW, BY DEED RECORDED JULY 17, 1961, UNDER AUDITOR'S FILE NO. 610022, RECORDS OF SKAGIT COUNTY, WASHINGTON; THENCE EAST PARALLEL WITH THE NORTH LINE OF SAID GOVERNMENT LOT A DISTANCE OF 65 FEET; THENCE NORTH TO THE SOUTH LINE OF THE MCLEAN ROAD, AS CONVEYED BY DEED RECORDED APRIL 19, 1914, UNDER AUDITOR'S FILE NO. 101863, RECORDS OF SKAGIT COUNTY, WASHINGTON; THENCE WEST ALONG THE SOUTH LINE OF SAID ROAD 72 FEET; THENCE SOUTH 90 FEET TO A POINT 7 FEET WEST OF THE NORTHWEST CORNER OF SAID REINSTRA TRACT; THENCE EAST 7 FEET TO THE NORTHWEST CORNER AND THE TRUE POINT OF BEGINNING.

and has an address of
1116 MCLEAN ROAD
MOUNT VERNON, WASHINGTON 98273



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.

Daniel Soira Daniel Soira 10-9-08
Principal Date

[Signature] 10-9-08 [Signature] 10-9-08
Witness Date Witness 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.

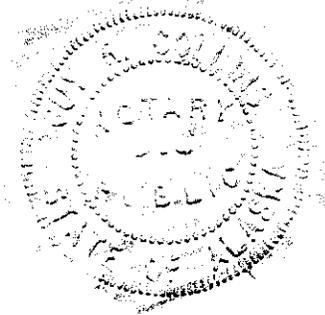
Notary Public must ensure the acknowledgment is in correct form.

STATE OF Alaska
COUNTY OF Unalaska
The foregoing instrument was acknowledged before me this 9th October 2008 by _____

Notary Public [Signature]

Specific Durable Power of Attorney
1U015-XX (12/07)

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