When recorded return to: Land Title and Escrow 3010 Commercial Avenue Anacortes, WA 98221



2/8/2011 Page

1 of

1 11:33AM

Filed for Record at Request of Land Title and Escraw Escrow Number, 138506-OAE

Grantor: Tristan A. Jones Grantee: Dennis K. Jones Abbreviated Legal

Tax Parcel Number(s): P56370/3772-238-015-0009

LAND TITLE OF SKAGIT COUNTY

SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER)

| I, Tristan A. Jones |
|--|
| hereby appoint Dennis K. Jones |
| as my true and lawful attorney for me and in my name and stead, and for my use and benefit to execute |
| promissory notes, bonds, mortgages, contracts, deeds of must and any other insumments which may be necessary |
| or proper to purchase and/or encumber the following described real property: |
| Lots 14 and 15, Block 238, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington. |
| Situate in the City of Anacortes, County of Skagit, State of Washington. Together with any personal property located thereon. |
| Property Address: 2316 12th Street, Anacortes, WA 98221 Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby, as fully to all intents and purposes as the Grantor might or could do if |
| personally present. |
| This Special Power of Attorney will cease and be of no further effect after the |
| WARNING: This power of attorney will result in another person having full right to encumber your real |
| property and obligate you to a debt. It is recommended that you obtain counsel from your attorney prior |
| to execution of this document. |
| |
| Dated: 12-31-10 |
| |
| |
| |
| Pristan Aldones |
| State of Alaska County of Alautions West SS: |
| |
| I certify that I know or have satisfactory evidence that Tristan A. Jones |
| the person(s) who appeared before me, and said person(s) acknowledged that he/she/they |
| signed this instrument and acknowledge it to be his/her/their free and voluntary act tof the |
| uses and purposes mentioged in this instrument. |
| Dated: 12/31/10 |
| Dated ASTON SICKON SICK |
| - Company of the comp |
| Notery Public in and for the State of A125/C |
| Notary Public Residing at: VOLDON OF A 13863 |
| ATHENA M. JONES My appointment expires: Tully 4, 2017 |
| |
| State of Alaska |