



201106080052  
Skagit County Auditor

6/8/2011 Page 1 of 3 3:31PM

When recorded return to:

Routh Crabtree Olsen, P.S.  
13555 SE 36th Street Suite 120  
Bellevue, WA 98006

Filed for Record at Request of  
Routh Crabtree Olsen, P.S.  
Escrow Number: 7190-008414

GUARDIAN NORTHWEST TITLE CO.

101190-2

**SPECIAL POWER OF ATTORNEY  
(PURCHASE/ENCUMBER)**

I, Tiina Hash

hereby appoint My husband, Henry Hash

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 trust and any other instruments which may be necessary or proper to purchase and/or encumber the following described real property:

*16963 Sockeye Drive, Mount Vernon, WA 98274*

Abbreviated Legal:

**Lot 111, "NOOKACHAMP HILLS PUD, PHASE IIA"**

*Full legal Attached "Exhibit A"*

Tax Parcel Number(s): 4821-000-111-0000

Together with any personal property located thereon.

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 \_\_\_\_\_ day of \_\_\_\_\_, or six (6) months from the date hereof, whichever first occurs.

**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: *06-03-11*

*Tiina Hash*

Tiina Hash

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I certify that I know or have satisfactory evidence that 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 for the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My appointment expires: \_\_\_\_\_

"Exhibit A"

Lot 111, "NOOKACHAMP HILLS PUD, PHASE IIA", as per Plat recorded September 15, 2003 under Skagit County Auditor's File No. 200309150157.



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**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

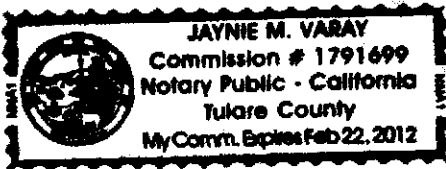
State of California

County of Tulare

On 6-3-11 before me, Jaynie M. Varay, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Tiina Hawk  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Jaynie M. Varay  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Individual

Partner —  Limited  General

Attorney in Fact

Trustee

Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Individual

Partner —  Limited  General

Attorney in Fact

Trustee

Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER

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