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Skagit County Auditor

6/16/2011 Page

1 of

4 3:48PM

WHEN RECORDED RETURN TO:

Ed Charlesworth
3429 Morris Street
Newberg, OR 97132

LAND TITLE OF SKAGIT COUNTY **139426 DE**

DOCUMENT TITLE(S):
Special Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTORS:
David L. Charlesworth

GRANTEE:
Ed and/or Patricia Charlesworth

ABBREVIATED LEGAL DESCRIPTION:

Lot 35, Summer Meadows.

TAX PARCEL NUMBER(S):
4630-000-035-0004, P107019

SPECIAL POWER OF ATTORNEY

PREAMBLE: *This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

KNOW ALL PERSONS BY THESE PRESENTS:

That I, **DAVID L. CHARLESWORTH**, currently residing in the State of Washington, by this document do make and appoint **ED AND/OR PATRICIA CHARLESWORTH**, whose present address is 3429 MORRIS ST, NEWBERG, OR 97132, as my true and lawful attorney-in-fact to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

To bargain, seal, set over, assign and convey, using the standard of a reasonable seller under no compulsion to sell and engaging in an arm's length bargaining transaction, unto any person of my attorney-in-fact's choice, all my right, title and interest in any or all of that house and tract or parcel of land located in WASHINGTON, more particularly described as 919 PRESIDIO PLACE, SEDRO-WOOLLEY, WA 98284, and to convey by ANY deed; to receive payment of the purchase money on my behalf for the property in any manner in which my said attorney-in-fact in fact shall deem wise, to transmit said monies to me at 3429 MORRIS ST, NEWBERG, OR 97132, and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.

To do any and all acts necessary or appropriate to encumber my real property by giving up a first, second or other mortgage on my property, or to give up a note in exchange for refinancing said property, or in any other way to encumber said property in exchange for a refinancing agreement, said property being located at 919 PRESIDIO PLACE, SEDRO-WOOLLEY, WA 98284, and to sign, seal, execute, and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing; Further, I explicitly authorize my attorney-in-fact to utilize any entitlement that may be forthcoming from the Veterans Administration based upon my status as a member of the Armed Forces, AND NO OTHERS.

I, **DAVID L. CHARLESWORTH**, the parent of the following minor children, **BAILEY BREEANNE CHARLESWORTH**, 14, do hereby state that it is necessary to leave said children in the care of **ED AND/OR PATRICIA CHARLESWORTH** of 3429 MORRIS ST, NEWBERG, OR 97132, telephone number (503) 538-0175, from April 15, 2011, until April 15, 2012. The said **ED AND/OR PATRICIA CHARLESWORTH** shall have my full permission and consent:



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To give consent for emergency medical treatment as needed by said children in the event that I cannot be immediately reached at the time of the emergency. The determination of the need for such care may be made by ED AND/OR PATRICIA CHARLESWORTH.

To perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and consent to any and all medical care and treatment necessary and appropriate for the general health and welfare of said children.

To authorize medical, dental and hospital care and treatment including but not limited to, the administration of examinations, diagnostic tests, and medications (including anesthetics), and the performance of surgery and any and all other medical and dental care or treatment deemed necessary or desirable by a duly licensed physician for the health and well-being of said children, and to execute all such consents, authorizations, forms, releases, and other papers as may be necessary in connection therewith.

I HEREBY GIVE AND GRANT TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact.

FURTHER, this power of attorney shall remain in full force and effect until April 15, 2012,

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unless sooner revoked by me, provided, however, that such prior revocation shall be of no effect in respect to parties acting or things done in reliance hereon prior to receipt by them of such notice of revocation as may be prescribed by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day, 15th day of April, 2011.


DAVID L. CHARLESWORTH

ACKNOWLEDGEMENT

State of Washington)

)

) SS.:

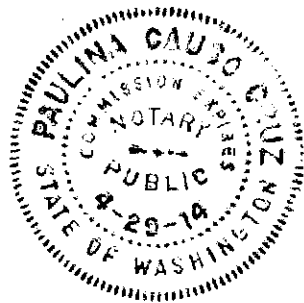
County of SNOHOMISH)

Before me, a notary public, personally appeared DAVID L. CHARLESWORTH, who, having produced a Uniformed Services Identification Card, has proven to me to be the identical person who is described herein, and who signed and executed the foregoing instrument on this day, 15th day of April, 2011, as a true, free, and voluntary act and deed, for uses, purposes, and considerations therein set forth.


PAULINA CAUSO CRUZ

Notary Public in and for the State of Washington

My Commission Expires: April 29, 2014



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