



201111070121
Skagit County Auditor

11/7/2011 Page 1 of 3 4:02PM

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
P.O. Box 445
Burlington, WA 98233

LAND TITLE OF SKAGIT COUNTY *140751.0E*

DOCUMENT TITLE(S):
Limited Power of Attorney for Purchase of Real Estate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Almudena de Llaguno

GRANTEES:
Stephen H. Metzler

ABBREVIATED LEGAL DESCRIPTION:
Lot 6, SP 501-80, 'Enchanted Woods;' Ptn W 1/2, 6-35-11 E W.M.

TAX PARCEL NUMBER(S):
351106-0-005-0500, P45774

LIMITED POWER OF ATTORNEY FOR PURCHASE OF REAL ESTATE

KNOW ALL PERSONS BY THESE PRESENTS:

I, Almudena de Llaguno ("Principal") maintaining an address at 2116 N. 77th St., Seattle, WA 98103, do hereby make and appoint Stephen H. Metzler ("Agent") maintaining an address at: 2116 N. 77th St., Seattle, WA 98103 my true and lawful attorney-in-fact for me and in my name, and in my behalf with full power to:

Purchase and acquire on my behalf the real estate located at 6528 Emerald Lane, Marblemount, WA 98267.

This limited power shall include the right to complete and execute any and all documents, instruments, warranties, releases, mortgages, applications or deeds necessary for such transaction, retain lawyers, accountants or brokers, apply for and obtain necessary loans, arrange for investigations, searches and inspections of the property, pay funds for such purchase and do all other things necessary and appropriate to complete the transaction.

I hereby ratify and confirm all acts that my Agent, shall lawfully do or cause to be done by virtue of this power of attorney and the rights hereby granted.

This Limited Power of Attorney and the rights, powers, and authority of my Agent shall become effective immediately upon execution of this instrument. The rights, powers, and authority of this document shall remain in full force and effect thereafter until the above described real estate is purchased and the transaction is completed or in the event of my death, disability or incapacity, or upon my revocation of this document, whichever occurs first. As used herein, "disability" or "incapacity" shall mean a lack of capacity to receive and evaluate information effectively, to communicate decisions, and/or to manage my financial resources and affairs properly.

My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney. Agent may be required to provide an accounting of all funds received and/or disbursed.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Agent shall not be liable for losses resulting from judgment errors made in good faith. However, Agent will be liable for breach of fiduciary duty, failure to act in good faith and/or willful misconduct, while acting under the authority of this Power of Attorney.

I may revoke this Power of Attorney at any time by providing written notice to my Agent.



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Signed on Oct 28, 2011 at Seattle, Washington

A. de la Cruz

Signature of Principal

State of Washington)

County of King) SS

The foregoing instrument was acknowledged before me this 28 day of October, 2011 by Amanda de la Cruz (name of Principal), who is personally known to me or who has produced her driver's license as identification.

[Signature]

Signature of person taking acknowledgment (Notary Public)

MARY CARMEN GARCIA

Name typed, printed, or stamped

MY COMMISSION EXPIRES 1/7/2014



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