



201203280093

Skagit County Auditor

3/28/2012 Page

1 of

5 3:20PM

After Recording Mail To:

Service Link

4000 Industrial Boulevard

Aliquippa, PA 15001

CHICAGO TITLE

620015286-M

COVER PAGE FOR WASHINGTON DOCUMENTS

Type of Document to be Recorded: POWER OF ATTORNEY

Principal: Brian D. Williamson

ACCOMMODATION RECORDING

Principal's Mailing Address: 2206 Jasmine, Mount Vernon, Washington 98273

Agent: Fiorentina Williamson

Agent's Mailing Address: 2206 Jasmine, Mount Vernon, Washington 98273

Legal Description: SPECIAL POWER OF ATTORNEY (FEDERAL NOTARY CONDUCTED OVERSEAS
ON OFFICIAL U.S. MILITARY DEPLOYMENT)
Lot 3, Jasmine Place

Assessor's Property Tax Parcel Account Number(s): P118961

Prior Recorded Doc. Ref.: Deed: Recorded January 28, 2009, Doc. No. 200901280172

Chicago Title has placed this
document for recording as a
customer courtesy and accepts no
liability for its accuracy or validity

Prepared By:

Leila Hansen, Esq.
9041 S. Pecos Road, #3900
Henderson, Nevada 89074

After Recording Mail To:

Service Link
4000 Industrial Boulevard
Aliquippa, PA 15001

SPECIFIC DURABLE POWER OF ATTORNEY

TITLE OF DOCUMENT

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATED (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK AN ATTORNEY OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

This the 15 day of MARCH, 20 12


Brian D. Williamson



201203280093
Skagit County Auditor

KNOW ALL MEN BY THESE PRESENTS, that I, **Brian D. Williamson**, of the State of **Washington**, County of Skagit, do by these presents make, constitute, empower and appoint **Fiorentina Williamson** my true and lawful **Agent** for me and my name, and on my behalf, with full power of substitution, to take all actions and perform all acts concerning and relating to the either the conveyance or encumbrance of all of my interest in the following real property:

LOT 3, JASMINE PLACE, ACCORDING TO THE PLAT THEREOF, RECORDED FEBRUARY 28, 2002, UNDER AUDITOR'S FILE NO. 200202280026, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Tax Parcel Number: P118961

More Commonly Known As: 2206 Jasmine, Mount Vernon, Washington 98273

CONCERNING my interest in the aforesaid real property, my said **Agent** shall have the below indicated power that I have specifically designated by placement of my initial next to said power:

B To sell or exchange, by deed, my interest in the hereinbefore described real property, or

P To encumber, by Note, Mortgage or Deed of Trust, my interest in the hereinbefore described real property.

IN CONJUNCTION WITH the foregoing power that I have indicated, my said **Agent** shall have the additional powers to sign, seal, acknowledge, execute and deliver in proper form the following instruments and/or documents: all Deeds, Affidavit(s), Notes, Deeds of Trust, Mortgages, Settlement Statements, Housing and Urban Development forms, Veteran's Administration forms, Federal Housing Administration forms, a Short-term Lease of the real property in conjunction with the sale of the property, Assignments, Easements, and any and all other instruments or documentation necessary, incidental, and directly relating to the power to which I have above indicated. Without limiting the foregoing, my said **Agent** shall have the power to make all acts, matters and things with respect to either the sale or encumbrance of my interest in aforesaid real property as I might or could do if I acted in person.

MOREOVER, the acts performed by my **Agent** pursuant to this **Power of Attorney** shall be binding upon me, my heirs, successors, assigns, executors, administrators and personal representatives.

FURTHER, this Specific Power of Attorney, whether or not exercised by my **Agent** shall **TERMINATE** on 15 MARCH, 2013.

NOTWITHSTANDING anything herein contained to the contrary, this **Specific Power of Attorney** is a Durable Power of Attorney, and shall not terminate or be affected or impaired by the lapse of time since execution, nor my subsequent disability or incapacity, from whatever cause. Additionally, any person receiving this Power of Attorney shall be entitled to rely on the authority of my **Agent** herein granted, until and unless I executed a writing expressly revoking my **Agent's** aforesaid powers, and said writing is duly recorded and published in a like matter as this Specific Power of Attorney.

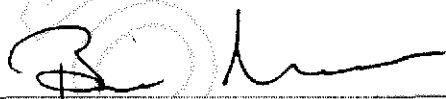
THIS Power of Attorney supersedes all other Powers of Attorney executed by me prior hereto and any Powers of Attorney executed prior hereto are hereby revoked, made null and void and of no further force or effect.



201203280093

Skagit County Auditor

Dated 15 MARCH, 2012



Brian D. Williamson

STATE OF NOT APPLICABLE / DEPLOYED OVERSEAS
COUNTY OF _____) ss

On this day personally appeared before me **Brian D. Williamson** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this
15 day of MARCH, A.D., 2012.

Spencer J. Gulub, LT USN
NOTARY PUBLIC

MY Commission Expires: INDEFINITE
(FEDERAL NOTARY)

Residing at: VQ-1 / UNIT 25458

FPO AP 96601-6550

LEGAL OFFICER, FINECONRON ONE
COMMISSION EXPIRES: INDEFINITE
BY AUTHORITY OF 10 USC 1044H



201203280093
Skagit County Auditor

RECORDING REQUESTED BY
ServiceLink
4000 Industrial Blvd.
Aliquippa, PA 15001

WHEN RECORDED MAIL TO:
BRIAN D WILLIAMSON
2206 JASMINE PL
MOUNT VERNON, WA 98273-3062
Order No: 2927333

Attorney-In-Fact Affidavit for Power of Attorney

**THIS IS AN AFFIDAVIT MADE UNDER OATH. THE MAKING OF A FALSE STATEMENT WILL
SUBJECT THE AFFIANT TO SEVERE CRIMINAL PENALTIES.**

State of WA SS
County of Skagit

BEFORE ME, the undersigned authority, personally appeared affiant, **FIorentina WILLIAMSON** whose post office address is 2206 JASMINE PL MOUNT VERNON WA 98273, who being by me first duly sworn on oath, deposes and says:

1. On the 15th day of March, 2012, BRIAN WILLIAMSON (the "Principal") executed a Power of Attorney appointing me as Attorney-In-Fact. If said Power of Attorney is recorded, the recording information for said Power of Attorney is as follows: Power of Attorney recorded _____, in SKAGIT County records at .
2. The Principal was of sound mind and of legal age at the time the Power of Attorney was executed.
3. The Principal has not revoked the Power of Attorney.
4. The Principal has not been adjudged mentally incapacitated, nor has a petition to determine the competency of the Principal been filed.
5. I have not received actual knowledge or actual notice of the death of the Principal, nor have I received notice of any facts indicating the Principal's death.


Further, the Affiant sayeth naught.


FIorentina WILLIAMSON

⁸⁰
STATE OF Skagit WA)
COUNTY OF Skagit) SS

On this, the 21st day of March, 2012, before me, Shanna M. Brown,
Notary Public in and for said County and State, personally appeared
Fiorentina Williamson, personally known to me or proved to me on the
satisfactory evidence, to be the person(s) whose name(s) is/are subscribed in the within instrument and
acknowledged to me that he/she/they executed the name in his/her/their authorized capacity 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.

Witness my hand and Official Seal:
My commission expires: 1-29-14


Notary Public

