

When recorded return to:

Mr. Mark Lieske
4203 Clyde Way
Anacortes, WA 98221



201206130090

Skagit County Auditor

Filed for Record at Request of
Land Title and Escrow
Escrow Number: 142153-OAE

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Grantor: Mark L. Lieske
Grantee: Pearl Lieske
Abbreviated Legal: Lot 39, Skyline No. 10.
Tax Parcel Number(s): P59949/3826-000-039-0001

LAND TITLE OF SKAGIT COUNTY

142153-OAE SPECIAL POWER OF ATTORNEY
(PURCHASE/ENCUMBER)

I, Mark L. Lieske

hereby appoint Pearl Lieske

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:

Lot 39, "SKYLINE NO. 10," as per plat recorded in Volume 9 of Plats, pages 117 through 120, inclusive, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

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.

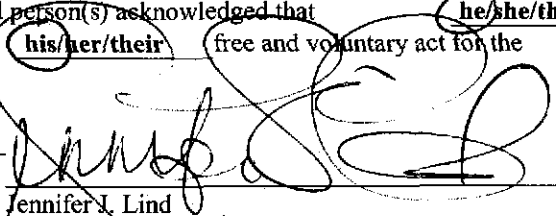
Dated: June 4, 2012

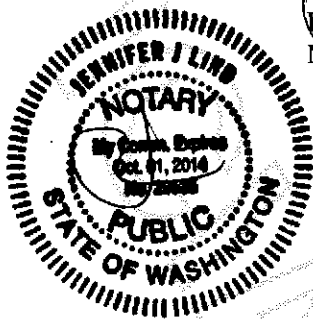
Mark L. Lieske

State of Washington
County of Skagit } SS:

I certify that I know or have satisfactory evidence that Mark L. Lieske
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: 6-4-12


Jennifer J. Lind
Notary Public in and for the State of Washington
Residing at: Bow
My appointment expires: 10/01/2014



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