



201406060035

Skagit County Auditor

\$124.00

6/6/2014 Page

1 of

3 10:42AM

STACIE KALEEL  
1609 12<sup>TH</sup> STREET  
ANACORTES, WA 98221

Document Title:

SPECIAL POWER OF ATTORNEY

Reference Number:

GUARDIAN NORTHWEST TITLE CO.

A107611-2

Grantor(s):

additional grantor names on page \_\_\_

1. VIDLET S AUSTIN-AGNEW

2.

Grantee(s):

additional grantee names on page \_\_\_

1. STACIE KALEEL

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

LOT 5 BLOCK 9 NELSON'S ADDITION TO ANACORTES

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P58077

I, MARLA HICKOK, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.030. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$42.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Marla Hickok

Dated 6-5-14

WHEN RECORDED RETURN TO:

Name: Stacie Kaleel  
Address: 1609 12th St  
City, State, Zip: Anacortes, WA 98221

**Chicago Title Insurance Company**

**SPECIAL POWER OF ATTORNEY  
(SALE)**

Violet S. Austin Agnew hereby appoints Stacie Kaleel  
as my true and lawful attorney for me and in my name and stead, and for my use and benefit to bargain, sell,  
contract to convey, or convey any and all right, title and interest in and to the following described real property:

811 22nd St  
Anacortes, WA 98221

Tax Account Number: P58077

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  
\_\_\_\_\_, 19\_\_\_\_, 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 sell your property. It is  
recommended that you obtain counsel from your attorney  
prior to execution of this document.

DATED This 21 day of March  
2014  
Violet S. Austin Agnew  
VIOLET S. AUSTIN Agnew

STATE OF WASHINGTON )  
COUNTY OF \_\_\_\_\_ )

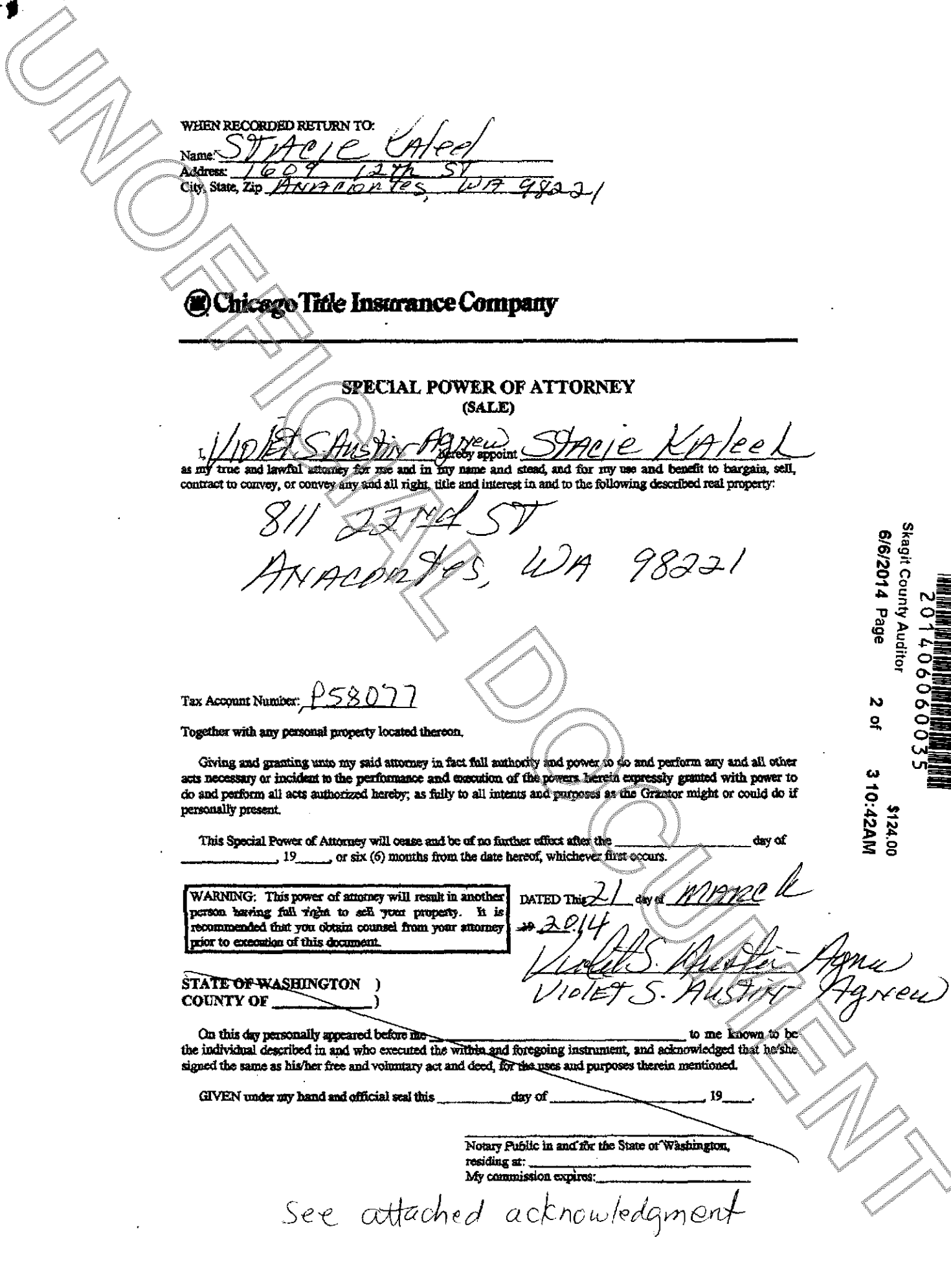
On this day personally appeared before me \_\_\_\_\_ to me known to be  
the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she  
signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public in and for the State of Washington,  
residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

See attached acknowledgment

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# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Bernardino

On Mar. 21, 2014 before me, Nancy L. Eimers, Notary Public  
(Here insert name and title of the officer)

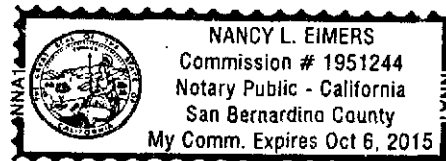
personally appeared Violet S. Austin-Agnew

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.

Nancy L. Eimers  
 Signature of Notary Public



(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

<p><b>DESCRIPTION OF THE ATTACHED DOCUMENT</b></p> <p><u>Special Power of Attorney</u>  <small>(Title or description of attached document)</small></p> <hr/> <p><small>(Title or description of attached document continued)</small></p> <p>Number of Pages <u>1</u> Document Date <u>3/21/14</u></p> <hr/> <p><small>(Additional information)</small></p>
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<p><b>CAPACITY CLAIMED BY THE SIGNER</b></p> <p><input type="checkbox"/> Individual (s)</p> <p><input type="checkbox"/> Corporate Officer</p> <hr/> <p><small>(Title)</small></p> <p><input type="checkbox"/> Partner(s)</p> <p><input type="checkbox"/> Attorney-in-Fact</p> <p><input type="checkbox"/> Trustee(s)</p> <p><input type="checkbox"/> Other _____</p>
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### INSTRUCTIONS FOR COMPLETING THIS FORM

*Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document