

STACIE KALEEL
1609 12TH STREET
ANACORTES, WA 98221-2112



201406060036

Skagit County Auditor

\$124.00

6/6/2014 Page

1 of

3 10:42AM

Document Title:

SPECIAL POWER OF ATTORNEY GUARDIAN NORTHWEST TITLE CO.

Reference Number:

A107611-3

Grantor(s):

additional grantor names on page ___

1. ROBERT ARNOLD 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 3807-009-005-0005

I, MARLA HICKOK, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. 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 Kalpel
Address: 1607 12th St
City, State, Zip: Anacortes WA 98221-2112

Chicago Title Insurance Company

**SPECIAL POWER OF ATTORNEY
(SALE)**

I, Robert Austin Agnew hereby appoint Stacie Kalpel
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:

011 22nd St Anacortes WA 98221-2112

Tax Account Number: 258077

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
19 2014
Robert A. Austin Agnew
Robert A. Austin Agnew

STATE OF WASHINGTON)
COUNTY OF _____)

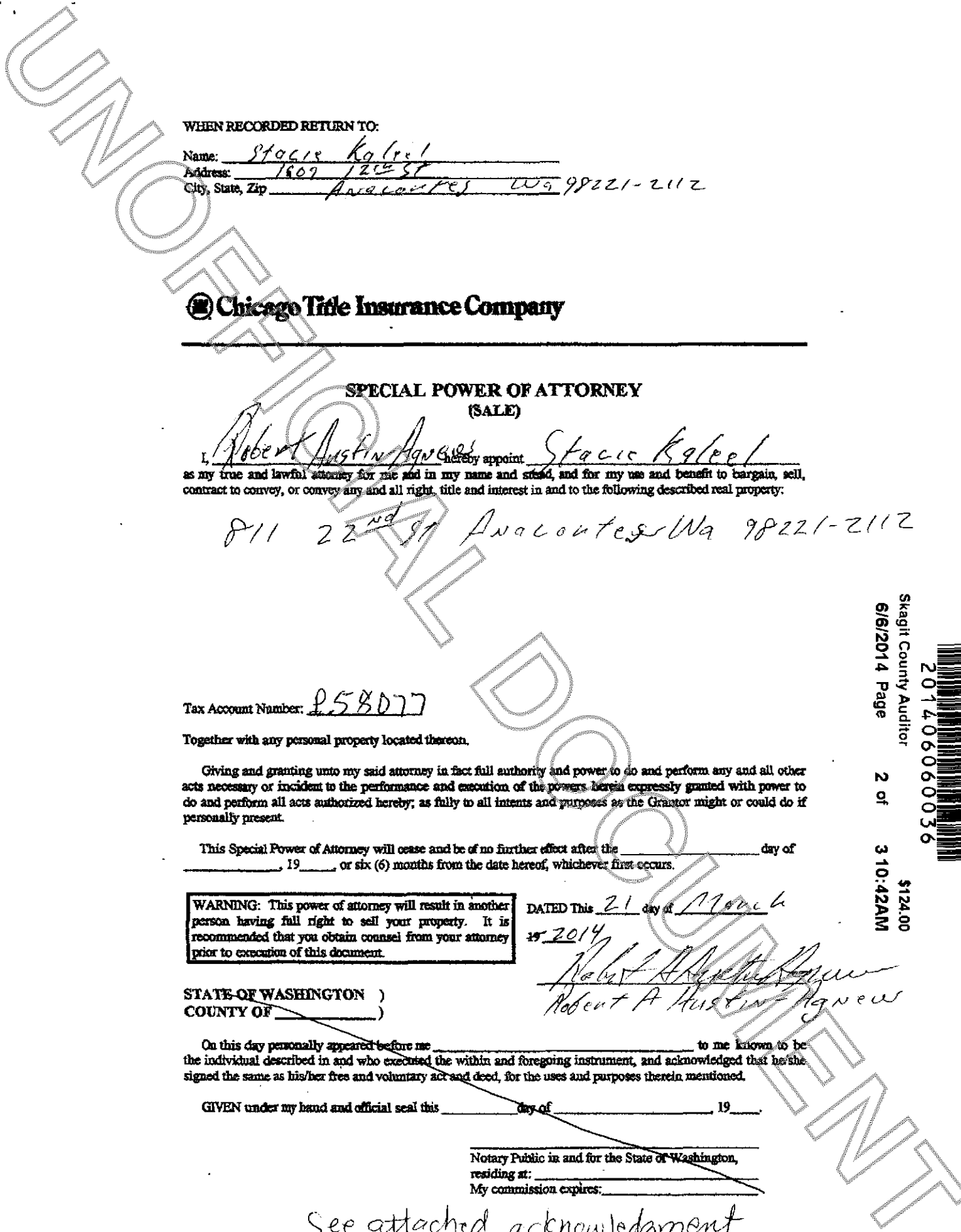
On this day personally appeared before me _____ to me known to be
the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she
signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

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

Skagit County Auditor
6/6/2014 Page 2 of 3 10:42AM \$124.00



CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

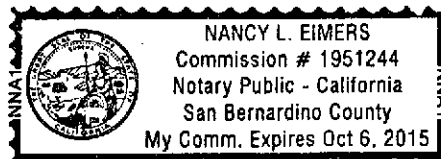
County of San Bernardino

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

personally appeared Robert A. 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

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

DESCRIPTION OF THE ATTACHED DOCUMENT

Special Power of Attorney
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 3/21/14

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

