



201503120021

Skagit County Auditor \$127.00
3/12/2015 Page 1 of 6 11:17AM

Document Title: Power of Attorney

Reference Number :

Grantor(s): additional grantor names on page ___

1. Kathy Kyung Ree

2.

Land Title and Escrow

Grantee(s): additional grantee names on page ___

1. Jeff J. Ree

2.

Abbreviated legal description: full legal on page(s) ___

Lot 33, Fir Crest PUD

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

4843-000-033-0000
P121986

I, Christi P. Straathof, 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 \$72.00 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 _____

Dated 3/12/15

151170-0

After Recording Mail To:
Jeff J. Ree
4405 Fir Crest Court
Anacortes, Washington 98221

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 17th day of February, 2015


Kathy Kyung Ree

KNOW ALL MEN BY THESE PRESENTS, that I, **Kathy Kyung Ree**, of the State of **Washington**, County of Skagit, do by these presents make, constitute, empower and appoint **Jeff J. Ree** 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 33, "FIR CREST PLANNED UNIT DEVELOPMENT," AS PER PLAT RECORDED ON AUGUST 31, 2004, UNDER AUDITOR'S FILE NO. 200408310219, RECORDS OF SKAGIT COUNTY.

SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.

Tax Parcel Number: 4843-000-033-0000

More Commonly Known As: 4405 Fir Crest Court, Anacortes, Washington 98221

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:

K.R. To sell or exchange, by deed, my interest in the hereinbefore described real property, or

K.R. 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 Feb 17, 2016.

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.

Dated _____, 20____



Kathy Kyung Ree

STATE OF _____)
COUNTY OF _____)

ss

On this day personally appeared before me **Kathy Kyung Ree** 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 _____ day of _____, A.D., 20____.

NOTARY PUBLIC
MY Commission Expires: _____

Residing at: _____

UNOFFICIAL DOCUMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California)
County of Orange)

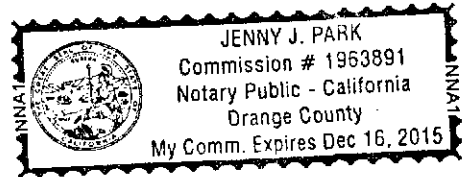
On 2-17-15 before me, Jenny J. Park, Notary Public,
(here insert name and title of the officer)

personally appeared Kathy Kyung Ree

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.



Signature [Handwritten Signature]

(Seal)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Specific Durable Power of Attorney containing _____ pages, and dated _____.

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-Fact
- Corporate Officer(s) _____
Title(s) _____
- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information	
Method of Signer Identification	
Proved to me on the basis of satisfactory evidence:	
<input type="checkbox"/> form(s) of identification	<input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on:	
Page # _____	Entry # _____
Notary contact: _____	
Other	
<input type="checkbox"/> Additional Signer(s)	<input checked="" type="checkbox"/> Signer(s) Thumbprint(s)
<input type="checkbox"/>	_____

Dated 19 FEB, 2015

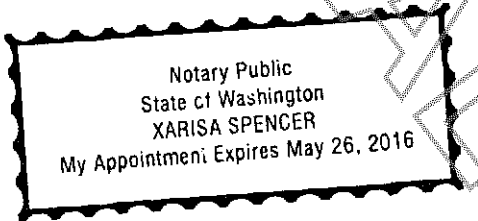
Jeff J. Ree
Jeff J. Ree

STATE OF Washington
COUNTY OF Skaagit ss

On this day personally appeared before me **Jeff J. Ree** 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 19 day of Feb, A.D., 2015.



Xarisa Spencer
NOTARY PUBLIC
MY Commission Expires: 5/26/2016

Residing at: Island

UNOFFICIAL DOCUMENT