



201508260075

WHEN RECORDED RETURN TO:

Land Title and Escrow

Skagit County Auditor

\$75.00

8/26/2015 Page

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4

2:13PM

DOCUMENT TITLE(S):

Limited Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

JACQUES MOUCHNINO, as his separate property

GRANTEES:

Jimm Orr

Land Title and Escrow

ABBREVIATED LEGAL DESCRIPTION:

Lt 54 Fox Hill
EST. Div. 2

152942 -
009

TAX PARCEL NUMBER(S):

4484-000-054-0002, P83299

**LIMITED POWER OF ATTORNEY
GIVEN BY:**

JACQUES MOUCHNINO Principal

1, **JACQUES MOUCHNINO**, as Principal, domiciled and residing in the State of Washington, as authorized by Revised Code of Washington, Chapters 11.92 and 11.94, et seq., hereby make, constitute and appoint **JIM ORR** to serve as my Attorney-in-fact.

2. **DESIGNATION OF ATTORNEY-IN-FACT.** **JIM ORR** is designated as Attorney-in-fact to act on my behalf. Effectively, by this Limited Power of Attorney, **JIM ORR** remains my Attorney-in-fact, as defined and empowered herein.

3. **POWER TO DISCUSS LEGAL MATTERS AND PERFORM ANY AND ALL ACTS PERTAINING TO SAME.** To perform any and all acts that could be performed by me with respect the two pieces of real estate that I own in Skagit County Washington. The first piece is located at 1913 North 35th Street Mount Vernon, Washington and consists of a house. The second is piece of raw real estate of approximately twenty acres adjacent to 1715 Oyster Creek Lane, Bow, Washington 98232.

4. **EFFECTIVENESS.** This power of attorney shall not be affected by my disability. "Disability" shall include the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age.

5. **DURATION.** This Durable Power of Attorney becomes effective as of its execution and shall remain in effect to the extent permitted by the Revised Code of Washington, Chapters 11.92, and 11.94, et seq., or until January 1, 2017.

6. **REVOCATION.** I may revoke, suspend or terminate this Limited Power of Attorney in writing with written notice to my Attorney-in-fact and by recording the written instrument of revocation in the office of recorder or auditor of Whatcom County, Washington.

LIMITED POWER OF ATTORNEY
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7. **TERMINATION.**

7.1 **By Death.** Upon my death, this Limited Power of Attorney shall be revoked upon the actual knowledge or actual notice being received by the Attorney-in-fact.

8. **ACCOUNTING.** The Attorney-in-fact shall be required to account to any subsequently appointed personal representative.

9. **RELIANCE.** The designated and acting Attorney-in-fact and all persons dealing with the Attorney-in-fact shall be entitled to rely upon this Limited Power of Attorney so long as neither the Attorney-in-fact, nor any person with whom the Attorney-in-fact was dealing at the time of any act taken pursuant to this Limited Power of Attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of this Limited Power of Attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees, or personal representatives of myself.

10. **INDEMNITY.** My estate shall hold harmless and indemnify the Attorney-in-fact from all liability for acts done in good faith.

11. **APPLICABLE LAW.** The laws of the State of Washington shall govern this limited power of attorney. In the event of a dispute concerning this Limited Power of Attorney, this Limited Power of Attorney is intended to be valid in all jurisdictions presented.

12. **ALTERNATE ATTORNEY-IN-FACT.** In the event that the named Attorney-in-fact is unable or unwilling to act as Attorney-in-fact, then the Principle nominates NONE as his alternate Attorney-in-fact to assume all the powers contained herein and as if he were appointed Attorney-in-fact hereby.

13. **PHOTOCOPIES.** Upon the loss, destruction or unavailability of the original, photocopies of this Limited Power of Attorney may be relied upon as though they were originals.

SIGNATURE OF THE PRINCIPAL

IN WITNESS WHEREOF, I am fully informed as to all the contents of this Limited Power of Attorney, including Limited Power of Attorney for my legal matters as pertain to the above-mentioned negotiable instrument, and understand the full import of this grant of power to my Attorney-in-fact. I further declare that I am emotionally and mentally competent to make this Limited Power of Attorney.

I have hereunto set my hand and seal this 9 day of Sept. 2014

LIMITED POWER OF ATTORNEY
GIVEN BY: JACQUES MOUCHNINO
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