When recorded return to: Michael S Keeler and Donna J Keeler 16453 County Club Drive Burlington, WA 98233



Skagit County Auditor 7/28/2016 Page

1 of

\$74.00

2 1:42PM

Filed for record at the request of:



425 Commercial St Mount Vernon, WA 98273

Escrow No.: 620027523

CHICAGO TITLE 620027523

SPECIAL POWER OF ATTORNEY Purchase/Encumber

I, Donna J Keeler, hereby appoint Michael S Keeler 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 instrument which may be necessary or proper to purchase and/or encumber the following described real property:

Lot 32, COUNTRY CLUB ADDITION NO. 2, according to the plat thereof, recorded in Volume 8 of Plats, pages 78 and 79, records of Skagit County, Washington.

Situated in Skagit County, Washington

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P64567 / 3887-000-032-0004

& Keelar

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(s) might or could do if personally present.

This	Special	Power	of	Attorney	will												ay of
						,	ог	six	(6)	mo	nths	frcm	the	date	hereof,	whichever	r first
occu	rs.												Vingapita	. Ac.	A		

This power of attorney will result in another person having full right to encumber your real and personal property and obligate you to a debt. It is recommended that you obtain counsel from your attorney prior to execution of this document.

Dated: July 22, 2016

SPECIAL POWER OF ATTORNEY

Purchase/Encumber

(continued)

State of County of

I certify that I know or have satisfactory evidence that Donna J Keeler is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Name: Tarah Notary Public in and for the State of Residing at:

My appointment expires:

Notary Public in and for the State of Residing at:

TARA A. STEWART NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES NOVEMBER 6, 2017