When recorded return to:

Dated: September 20, 2017

201709290182

Land Title & Escrow of Skagit & Island County 3010 Commercial Ave. Anacortes, WA 98221 Skagit County Auditor 9/29/2017 Page

\$77.00

1 of

4 3:40PM

Filed for Record at Request of

Land Title & Escrow of Stagit & Island County

Escrow Number: 02-164200-OE

Land Title and Escroi SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER)

| i, Salau I. Landly Reeves | | |
|--|--|--|
| hereby appoint Richard C. Reeves | | |
| 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 instruments which may be necessary or proper to | | |
| purchase and/or encumber the following described real property: | | |
| | | |
| Abbreviated Legal: Lots 9-10, Blk 167, Anacortes | | |
| | | |
| | | |
| For Full Legal See Attached Exhibit "A" | | |
| | | |
| Tax Parcel Number(s): 3772-167-010-0005, P56060 | | |
| | | |
| Together with any personal property located thereon. | | |
| Civing and granting unto my said attorney in fact full authority and | | |
| 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, 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 encumber your real | | |
| property and obligate you to a debt. It is recommended that you obtain counsel from your attorney prior to | | |
| execution of this document. | | |
| | | |

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| | |
| | |
| Joseph & Sandy Kornes | |
| Sarah P. Landry Reeves | - |
| | |
| | |
| | , |
| STATE OF COUNTY OF | SEE ATTACHED. |
| I certify that I know or have satisfactory evidence | hat Sarah P. Landry Reeves is |
| the person who appeared before me, and said person signed this instrument and acknowledge it to be | on acknowledged that she free and voluntary act for the |
| uses and purposes mentioned in this instrument. | |
| Dated: September , 2017 | |
| N | otary Public in and for the State of |
| R | esiding at: ly appointment expires: |
| | |
| | |
| | |
| | |
| | i i d |

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

| A notary public or other officer completing this certific document to which this certificate is attached, and not t | ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document. | |
|---|--|--|
| State of California | | |
| County of Santa Barbara) | | |
| | and the second second second | |
| | Many Kathyn Marrs, Notary Public, | |
| Date School P. Land Land | Here Insert Name and Title of the Officer | |
| personally appeared Swah R Land N | Name(s) of Signer(s) | |
| | Name(s) or Signer(s) | |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/afe subscribed to the within instrument and acknowledged to me that he/she/they executed the same in bis/her/their authorized capacity(ies), and that by bis/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. | |
| MARY KATHRYN MARRS Commission # 2058994 Notary Public - California Santa Barbara County My Comm, Expires Feb 23, 2018 | Signature Signature of Notary Public | |
| Place Notary Seal Above | | |
| Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. | | |
| Description of Attached Document Title or Type of Document: Special Power of Attorney Document Date: September 20, 2017 | | |
| Number of Pages: Signer(s) Other That | an Named Above: | |
| Capacity(ies) Claimed by Signer(s) | Signor's Name: | |
| Signer's Name: Corporate Officer — Title(s): | Signer's Name: Corporate Officer — Title(s): | |
| ☐ Partner — ☐ Limited ☐ General | ☐ Partner — ☐ Limited ☐ General | |
| ☐ Individual ☐ Attorney in Fact | | |
| ☐ Trustee ☐ Guardian or Conservator | | |
| ☐ Other: | Other:Signer Is Representing: | |
| | | |
| | <u> </u> | |

EXHIBIT "A"

Lots 9 and 10, Block 167, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

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