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Skagit County Auditor

\$126.00

11/2/2017 Page

1 of

3 3:22PM

POOR ORIGINALDocument Title: Power of AttorneyReference Number: 01-162609 - Land TitleGrantor(s):☐ additional grantor names on page ____

1. Rodney D. Dahl

2.

Grantee(s):☐ additional grantee names on page ____

1. Patricia Diane Bingham

2.

Abbreviated legal description:☐ full legal on page(s) ____

Ptn NE 1/4 NE 1/4, 23-35-3 E W.M.

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

P 34683

I, Dana Bromels, 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 \$74.00 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

Dana Bromels

Dated

11-2-17

Power of Attorney for Finances (Limited Power)

I, ROD DAHL, of SOUND MIND + BODY
appoint DIANE BINGHAM to act in my place for the purposes of:

SIGNING OF ALL DOCUMENTS RELATED TO THE CLOSING
OF THE SALE OF THE HOUSE LOCATED AT 16344 ALLEN WEST RD,
BOLW, WA 98232

This power of attorney takes effect on 10-20-2017 and shall continue until terminated
in writing or until 1-4-2018, whichever
comes first. In the event of my incapacity or death, this power of attorney shall terminate immediately.

I grant my attorney-in-fact full authority to act in any manner both proper and necessary to the exer-
cise of the foregoing powers, and I ratify every act that my attorney-in-fact may lawfully perform in
exercising those powers.

I agree that any third party who receives a copy of this document may act under it. Revocation of the
power of attorney is not effective as to a third party until the third party has actual knowledge of the
revocation. I agree to indemnify the third party for any claims that arise against the third party because
of reliance on this power of attorney.

Signed: This 18 day of OCT
State of: WASH County of: SKAGIT

Signature: [Signature] Principal
Social Security Number: _____

Certificate of Acknowledgment of Notary Public

State of WA
County of SKAGIT

This record was acknowledged before me on 10/18/17 (date) by
BRIAN RICH (name)

[Signature]
Signature of notarial officer

NOTARY PUBLIC
Title of office

My commission expires: 05/23/21 (Stamp)

