

When recorded return to:
Diana L. Shadday and Nicholas Shadday
c/o Chicago Title Co.
425 Commercial ST.
Mount Vernon, Wa 98273



201805250118

05/25/2018 03:01 PM Pages: 1 of 2 Fees: \$75.00
Skagit County Auditor

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE

Escrow No.: 620033820

SPECIAL POWER OF ATTORNEY

Sale

I, Nicholas Shadday, hereby appoint Diana L. Shadday as my true and lawful attorney for me and in my name and stead and for my use and benefit to bargain, sell, contract to convey, or convey any and all right, title, interest in and to the following described real property:

Lots 1, 2 and 3, Block 182, MAP OF THE CITY OF ANACORTES, according to the plat thereof, recorded in Volume 2 of Plats, Pages 4 through 7, records of Skagit County, Washington.

Situate in Skagit County, Washington

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

Tax Parcel Number(s): P56156 / 3772-182-003-0003

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 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 sell your property. It is recommended that you obtain counsel from your attorney prior to execution of this document.

Dated: February 28, 2018

Nicholas Shadday

SPECIAL POWER OF ATTORNEY

Sale
(continued)State of FL
County of Duval

I certify that I know or have satisfactory evidence that Nicholas Shadday 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.

Dated: 3/29/18

Pamela W. Mitchell
Name: Pamela W. Mitchell
Notary Public in and for the State of FL
Residing at: Jacksonville, FL
My appointment expires: 10/23/21

