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06/29/2018 10:40 AM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

AFTER RECORDING MAIL TO:

Name Morreale Real Estate Services, Inc.
Address 455 Taft Avenue
City/State Glen Ellyn, IL 60137

Document Title(s):

GUARDIAN NORTHWEST TITLE CO.

1. Power of Attorney

115839

Reference Number(s) of Documents Assigned or released:

Grantor(s):

1. Henry Shea, who also appears of record as Henry M. 'Mike' Shea
2. Kasey Shea, who also appears of record as Kasey L. Shea

[] Additional information on page of document

Grantee(s):

1. RELO Direct, Inc., a South Carolina Corporation
2. Morreale Real Estate Services, Inc.

[] Additional information on page of document

Abbreviated Legal Description:

Tract V, Fidalgo Bay Add Map of Aggregation

Tax Parcel Number(s):

P101516, 3841-024-003-0103

[x] Complete legal description is on page see attached 'Exhibit A' of document

When recorded return to:
Morreale Real Estate Services, Inc.
449 Taft Avenue
Glen Ellyn, IL 60137

THIS SPACE FOR RECORDER'S USE ONLY

**IRREVOCABLE AND LIMITED
POWER OF ATTORNEY
FOR RELO Direct, Inc.**

WHEREAS, the undersigned has entered into a contractual relationship with RELO Direct, Inc. regarding the property commonly described as:

11922 New Morning Drive, Anacortes, WA 98221

✓ and legally described as follows:

LEGAL DESCRIPTION ATTACHED AND MADE A PART HEREOF

NOW, THEREFORE, the undersigned does hereby grant, consent and agree that all proceeds of the sale of said premises, whether occasioned by their own actions or by the actions of RELO Direct, Inc. shall be paid to the order of RELO Direct, Inc. or to the order of that person or persons to whom RELO Direct, Inc. shall themselves direct.

That net proceeds as defined herein shall include all escrow accounts to the benefit of the undersigned as such accounts relate to the property in question.

Further, the undersigned does hereby grant, authorize and appoint RELO Direct, Inc. and/or MORREALE REAL ESTATE SERVICES, INC. or ITS/THEIR DULY AUTHORIZED REPRESENTATIVE as my attorney in fact to complete any documents or to cause any documents to be completed; to execute any conveyance documents or cause any documents to be signed on behalf of the undersigned, which may be necessary and proper to implement the sale, and conveyance of the property referred to herein, including but not limited to DEEDS, BILL OF SALE, RESPA, ETC., whether said property constitutes homestead or not. This appointment is with full and unqualified authority to delegate any or all of the foregoing powers to any person or persons, or entity or entities, whom my attorney in fact shall select.

This Power of Attorney is an IRREVOCABLE LIMITED POWER COUPLED WITH AN INTEREST and shall not be affected by death, disability, incompetency or incapacity of either or both of the undersigned. It is intended that this Power of Attorney is to become effective immediately upon execution and shall continue in effect during any subsequent disability, incompetency or incapacity.

Dated x 5/4/18Dated x 5/4/18

x Henry Shea
 Henry Shea who also appears of record as
 Henry M. 'Mike' Shea

x Kasey Shea
 Kasey Shea who also appears of record as
 Kasey L. Shea

STATE OF ✓ _____COUNTY OF ✓ _____

I certify that I know or have satisfactory evidence that Henry Shea who also appears of record as Henry M. 'Mike' Shea, 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.

Date: _____

✓ _____
 Notary name printed - See California Acknowledgment attached
 or Typed: ✓ - Amy S. Marwanforan,
 Notary Public in and for the State Notary Public
 of ✓ _____
 Residing at ✓ _____
 My Commission Expires ✓ _____

STATE OF ✓ _____COUNTY OF ✓ _____

I certify that I know or have satisfactory evidence that Kasey Shea who also appears of record as Kasey L. Shea, 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.

Date: ✓ _____

✓ _____
 Notary name printed - See California Acknowledgment attached
 or typed: ✓ - Amy S. Marwanforan,
 Notary Public in and for the State Notary Public
 of ✓ _____
 Residing at ✓ _____
 My Commission Expires ✓ _____

This document prepared by: Joan M. Brady, 449 Taft Avenue, Glen Ellyn, IL 60137 630-790-6300
 / MR-RL-1910-1362

FOR: IRREVOCABLE and LIMITED POWER OF ATTORNEY

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa)

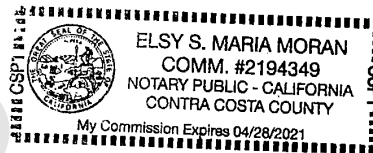
On 05/04/2018 before me, Elsy S. Maria Moran, Notary Public
(insert name and title of the officer)

personally appeared Henry Shea
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/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.

WITNESS my hand and official seal.

Signature Elsy S. Maria Moran (Seal)



FOR: IRREVOCABLE and LIMITED POWER OF ATTORNEY

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of CONTRA COSTA

On 05/04/2018 before me, ELSY S. MARIA MORAN, Notary Public
(insert name and title of the officer)

personally appeared Kasey Shea
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/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.

WITNESS my hand and official seal.

Signature

Elsy S. Maria Moran

(Seal)

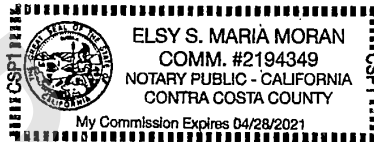


EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Lot V, "FIDALGO BAY ADDITION TO ANACORTES MAP OF AGGREGATION", as recorded in Volume 12 of Surveys, pages 147 and 148, under Auditor's File No. 9204200040, being a portion of Blocks 15 through 32, "FIDALGO BAY ADDITION TO ANACORTES", recorded in Volume 2 of Plats, page 24, records of Skagit County, Washington.

Tax Parcel ID No. P101516, 3841-024-003-0103