



201905290141

05/29/2019 03:41 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

Name & Return Address:

Ramses Leon

3421 4th Street

Anacortes, WA 98221

Washington State Recorder's Cover Sheet (RCW 65.04) Please print legibly or type information.

Document Title(s)	Power of Attorney	GUARDIAN NORTHWEST TITLE CO. 19-1943
Grantor(s)	Ramses Leon	
____ Additional Names on Page ____ of Document		
Grantee(s)	Ariel Leon	
____ Additional Names on Page ____ of Document		
Legal Description	(Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)	
Lot 24 Parkside		
Complete Legal Description on Page ____ of Document		
Auditor's Reference Number(s)		
Assessor's Property Tax Parcel/Account Number(s)	P99124	
Non Standard Fee \$50.00	By signing below, you agree to pay the \$50.00 non standard fee.	
I am requesting an emergency non standard recording for an additional fee as 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.		
_____ Signature of Party Requesting Non Standard Recording		
NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements.		
The Auditor/Recorder will rely on the information provided on this cover sheet. Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.		

SPECIAL POWER OF ATTORNEY

PREAMBLE: *This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

KNOW ALL PERSONS BY THESE PRESENTS:

That I, **RAMSES N. LEON**, currently residing in the State of **WASHINGTON**, by this document do make and appoint **ARIEL LYDIA LEON**, whose present address is **3421 W 4TH ST., ANACORTES, WA 98221**, as my true and lawful attorney-in-fact to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

REAL PROPERTY WITH HOUSE/CONDOMINIUM/OR OTHER STRUCTURE

For me and in my name to purchase real property, including a house, lot, and any structures therein, located at **4820 WOODSIDE DR., ANACORTES, WA 98221** and for that purpose to borrow the necessary money of no more than **\$850,000.00** to effect said purchase through any loan giving said property as security for the loan; also, to sign, seal and deliver as collateral thereto, a mortgage or deed of trust upon said real estate, with the usual power of sale, and interest and insurance, and other usual or customary provisions and covenants, and further to execute and deliver any application forms or other documents necessary to obtain a loan for the purpose of purchasing such property.

I HEREBY GIVE AND GRANT TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact.

NO AUTOMATIC TERMINATION IF I AM DECLARED MISSING IN ACTION OR A PRISONER OF WAR BY THE UNITED STATES ARMED FORCES

If I am on active duty with the United States Armed Forces this special power of attorney shall remain in full force and effect whether or not I, the grantor of this instrument, shall have been reported or listed, either officially or otherwise, as "missing in action" as that phrase is used in military parlance, or as "captured," it being my intent that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted and that such report of "missing in action" or "captured" shall neither constitute nor be interpreted as constituting notice of my death nor operate to revoke this instrument and **so long as such MIA or POW status is issued by the United States Armed Forces** prior to the expiration or revocation of this power of attorney, then this special power of attorney shall not terminate but shall be extended as long as I remain in that status. It is my express intention that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of "missing" or "missing in action" shall neither constitute nor be interpreted as constituting notice of my death, nor operate to revoke this instrument.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

FURTHER, this power of attorney shall remain in full force and effect until July 1, 2019, unless sooner revoked by me, provided, however, that such prior revocation shall be of no effect in respect to parties acting or things done in reliance hereon prior to receipt by them of such notice of revocation as may be prescribed by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day, May 15, 2019.

Ramses N. Leon
Ramses N. Leon

ACKNOWLEDGEMENT BY STATE NOTARY PUBLIC

State of Washington

)
) SS.:
)

County/Parish of Island

On this the MAY 15, 2019, before me, Christine Tjanda, Notary Public, personally appeared **Ramses N. Leon**, who proved to me on the basis of satisfactory evidence consisting of an Armed Forces Identification Card and/or valid State/Federal Government issued identification to be the person(s) whose names(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 signatures on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of the State of Washington that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Christine Tjanda
Notary Public

My commission expires: 2/28/22



ACKNOWLEDGEMENT

**ACKNOWLEDGEMENT BY A PERSON AUTHORIZED TO ACT AS A NOTARY
PURSUANT TO TITLE 10 U.S.C. 1044a SERVING WITH THE ARMED FORCES OF
THE UNITED STATES
AT:REGION LEGAL SERVICE OFFICE NORTHWEST**

Before me personally appeared **Ramses N. Leon**, who, having produced an Armed Forces Identification Card and/or valid State/Federal Government issued identification, is proven to me to be the identical person who is described herein, and who signed and executed the foregoing instrument on this the MAY _____, 2019, as a true, free, and voluntary act and deed, for uses, purposes, and considerations therein set forth. And I do further certify that I am a person authorized under 10 U.S.C. § 1044a to exercise the powers of a notary without requirement of a seal, and that this document is executed by me in accordance with those powers and in that capacity.

Name of Notary: _____
1044 Civilian Capacity/ Military Rank: _____
Authority: 10 U.S.C. § 1044a.
NO SEAL REQUIRED