

**201912190113**12/19/2019 02:54 PM Pages: 1 of 4 Fees: \$106.50  
Skagit County Auditor**Return Address:**John McMasters  
PO Box 70567  
Seattle, WA 98127Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)****Document Title(s)** (or transactions contained therein): (all areas applicable to your document **must** be filled in)

1. Special Durable Power of Attorney 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Reference Number(s) of Documents assigned or released:**

Additional reference #'s on page \_\_\_\_\_ of document

**Grantor(s)** Exactly as name(s) appear on document

1. LUND, KENNETH  
2. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** Exactly as name(s) appear on document

1. LUND, PETER  
2. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

**Legal Description** (abbreviated: i.e. lot, block, plat or section, township, range)Lot 9, Bl. 2, Lake Cavanaugh, Subdiv. 3, Skagit County, Washington.

Additional legal is on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number**☐ Assessor Tax # not yet

Assigned P66960; Xref ID # 3939-002-009-0007

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

When Recorded return to:

John S. McMasters  
Mullavey, Prout, Grenley & Foe  
P.O. Box 70567  
Seattle, WA 98127

SPECIAL DURABLE POWER OF ATTORNEY  
(Real Estate)

PRINCIPAL: KENNETH LUND  
AGENT: PETER LUND

I, KENNETH LUND (the "Principal"), domiciled in the State of California, designate PETER LUND as my Agent, but limited to the sale of my interest in the real property located legally described as follows:

Lot 9, Block 2, Lake Cavanaugh, Subdivision 3, Skagit County, State of Washington, situated in the County of Skagit, State of Washington.  
Assessor Tax Parcel ID#: P66960  
Xref ID #: 3939-002-009-0007

including all matters relating to the sale of such real estate, including but not limited to executing deeds and escrow closing statements, real estate excise tax affidavits, real estate purchase and sales documents including addendums, and all other documents necessary sell and close the real property.

1. Effectiveness. This Special Durable Power of Attorney shall become effective immediately and shall expire on December 31, 2021.

2. Duration. This Special Durable Power of Attorney shall remain in effect, to the extent permitted by 11.94 of the Revised Code of Washington, until revoked. I intend this Power of Attorney shall not be affected by my disability. "Disability" shall include the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, or advanced age.

(a) Revocation. This Special Durable Power of Attorney may be revoked, suspended, or terminated by written notice from me to the designated Agent and, if this power has been recorded, by recording the written instrument of revocation with the King County Auditor in the Records Section, King County, Washington.

3. Termination.

(a) *By Guardian.* The appointment of a guardian of my estate vests in the guardian, with court approval, the power to revoke, suspend, or terminate this Power of Attorney. The appointment of a guardian of the Person only, shall not empower the guardian to revoke, suspend or terminate this Power of Attorney.

(b) *By Death of Principal.* My death shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the Agent.

4. Powers. My Agent, shall have the power to purchase and sell real property, execute deeds of trusts and mortgages, promissory notes, closing statements, deeds and all other documents (including those with financial institutions) necessary to purchase or sell real property.

5. Limitations on Powers. Except for the authority specifically stated in paragraph 4, my Agent shall not have any powers.

6. Accounting. My Agent shall be required to account to any subsequently appointed personal representative.

7. Reliance. The designated and acting Agent and all persons dealing with the Agent shall be entitled to rely upon this Power of Attorney, so long as neither the Agent nor any person with whom the Agent was dealing at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of any revocation, suspension, or termination of this Power of Attorney, by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representative.

8. Indemnity. My estate shall hold harmless and indemnify the Agent from all liability for acts or omissions done in good faith and not in fraud or gross negligence.

9. Execution. This Special Durable Power of Attorney is signed this 12TH day of DECEMBER, 2019, to become effective as provided in Paragraph 1.



KENNETH LUND

Domiciled and residing at:

10257 Santa Monica Blvd #10  
Los Angeles, CA 90067

**CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT**  
(CALIFORNIA CIVIL CODE § 1189)

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 Los Angeles )

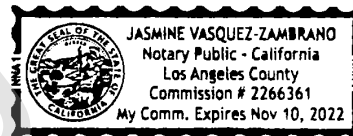
On Dec 12, 2019 before me, Jasmine Vasquez Zambrano Notary Public  
(Date) (Here Insert Name and Title of the Officer)

personally appeared Kenneth David Lund,  
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.

J. Vasquez  
Signature of Notary Public



(Notary Seal)

**ADDITIONAL OPTIONAL INFORMATION**

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

Additional Information: \_\_\_\_\_