04/28/2020 09:06 AM Pages: 1 of 4 Fees: \$106.50

Skagit County Auditor, WA

After Recording, please return to:

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Recording Cover Page

Document Title(s) (for transactions contained therein):			
1. SPECIAL POWER OF ATTORNEY			
2.			
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4.			
Reference Number(s) of Documents assigned or released:			
(on page of documents(s))			
(*** F-15' of addaments(5))			
Grantor(s)			
1. RYAN LEE BALDWIN			
2.			
3.			
4.			
Additional Names on page of document.			
Grantee(s)			
1. MAKI BALDWIN			
2.			
3.			
4.			
7			
Additional Names on page of document.			
Additional Names on page of document.			
Legal Description (abbreviated i.e. lot, block, plat or section, township, range)			
Loto 0.12 Dilly 24 Cithan Ivan			
Lots 9-12, Blk. 24, Gibralter.			
A 3 3045 a 1 1 x *			
Additional legal is on page of document.			
Assessor's Property Tax Parcel/Account Number			
4100 004 010 0000 PHONE WA			
4109-024-012-0000, P103673			
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The Auditor/Recorder will rely on information provided on the form. The 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.

A Special Power of Attorney (SPOA) is a written authorization to act on another's behalf regarding private affairs, business matters such as banking and real estate, and other matters as specified in the language of the SPOA. The person authorizing the other to act is the principal or grantor. For a SPOA to be valid, the principal must sign the SPOA and their signature must be notarized. The person authorized to act on the principal's behalf is the agent or attorney-in-fact. By signing this document, you are creating a SPOA for the agent listed below to act on your behalf as outlined in the paragraphs below.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, Ryan Lee Baldwin, currently residing in the state of Washington, by this document do make and appoint Maki Baldwin, whose present address is 6911 Carolina St Anacortes WA 98221, as my true and lawful attorney-in-fact to do and execute any or all of the following acts or things:

PERSONAL PROPERTY/HOUSEHOLD ITEMS

To act for me and purchase House and land at 6911 Carolina St. Anacortes WA 98221 the price of which shall not exceed \$ 530,000.00. To borrow for and finance the purchase of said House and land at 6911 Carolina St. Anacortes WA 98221 in an amount not to exceed \$ 530,000.00 and to pledge the said purchased House and land at 6911 Carolina St. Anacortes WA 98221 as security for said loan.

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, this power of attorney shall remain in full force and effect until 27 March, 2020, unless sooner revoked by me. 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. Revocation shall be of no effect on parties (either my agent-in-fact or a third party) who act or have completed acts in reliance upon this special power of attorney prior to receipt by them of such notice of revocation as may be prescribed by law, and provided further, that in the event that I should be reported or listed "captured" or "missing in action", as those phrases are used in military parlance, prior to the expiration or revocation of this power of attorney, it shall not terminate but shall be extended as long as I remain reported in that status.

It is my 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 "captured" or "missing in action" shall neither constitute nor be interpreted as constituting notice of my death, nor operate to revoke this instrument.

DURABILITY CLAUSE: This is a Durable Power of Attorney. This Power of Attorney shall not be affected by my subsequent disability or my subsequent lack of mental competence if such subsequent lack of mental competence or subsequent disability occurs on or before the stated expiration date, except as may be provided otherwise by an applicable state statute. If on the expiration date listed above I am medically or judicially certified as being mentally incompetent or mentally incapacitated, this Power of Attorney will remain in effect beyond the expiration date until I am medically or judicially certified as being competent or I have died, whichever event comes sooner, and at that point this Power of Attorney will then terminate.

For purpose of this power of attorney, I will ONLY be considered to be disabled or incapacitated upon delivery to the third party of the affidavits of both my attorney-in-fact and my treating or attending physician. Upon presentation of the appropriate affidavits, any third party dealing with my attorney-in-fact may rely completely on the affidavits and shall not have any obligation to further inquire into my disability or incapacity or to question in any way the authority of my attorney-in-fact to act under this power of attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this date, the 29 day of MARCH 2019

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

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

AT: NAS WHICKEY

Before me personally appeared Ryan Lee Baldwin, 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 21 day of MACH 2019, before me, WINGEL 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: COPY WENCEL

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Cory Welfel
Legal Officer, U.S. Navy
Notary Public
Authority of 10 U.S.C. §1044a
Commission Expires: Indefinite

Rank:	
Authority: 10 U.S.C. § 1044a. NO SEAL REQUIRED	
ACKNOWLEDGEMENT BY	NOTARY PUBLIC
A notary public or other officer completing signed the document to which this certificate of that document	this certificate verifies only the identity of the individual who e is attached, and not the truthfulness, accuracy, or validity
The state, commonwealth, or district of	• • •
County of	SS.:
identification to be the person(s) whose name acknowledged to me that be the person of	, before me,, Notary Public, no proved to me on the basis of satisfactory evidence and/or valid State/Federal Government issued es(s) is/are subscribed to the within instrument and ed the same in his/her/their authorized capacity(ies) and that the person(s), or the entity upon behalf of which the
I certify under the PENALTY OF PERJURY that the foregoing pa	under the laws of the state, commonwealth, or district of tragraph is true and correct.
WITNESS my hand and official seal.	
Notary Public	
My commission expires:	Cory Weikel Legal Officer, U.S. Navy Notary Public Authority of 10 U.S.C. §1044a Commission Expires: Indefinity