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Skagit County Auditor, WA

# LAND TITLE AND ESCROW 01-178502-S

<u>Document Title:</u> Special Power of Attorney	
Reference Number :  Grantor(s):  1. Ezequiel Zamarripa	additional grantor names on page
2. <u>Grantee(s):</u> 1. Karin Zamarripa	additional grantee names on page
2.  Abbreviated legal description:  Lot 77, Meadows Ph. 1.	Full legal on page(s)
<u>Assessor Parcel / Tax ID Number:</u> 4629-000-077-0006, P104991	additional tax parcel number(s) on page

#### When recorded return to:

State of Washington

## Specific Power of Attorney

County of Skagit			
This Power of Attorney is	_ or is not	a Military Power of Attorney.	
KNOW ALL MEN BY THESE PRESENT of Washington,	TS that I, Ezequiel Za	marripa, the undersigned, a resident o	f Skagit County, State
do hereby nominate, constitute, and appoir place, and stead in any way which I could	nt Karin Zamarripa as	my true and lawful Attorney-in-Fact	; to act in my n≱me ding
the signing of a Promissory Note and the	Security Instrument ev	ridencing a debt in favor of the Lende	r, Texana Bank, N.A.
it's successors and/or assigns, securing a	lien on the real propert	y located at 2327 W Meadow Blvd	

Mount Vernon, Washington 98273, as the same is more particularly described in Exhibit "A" attached hereto and by this reference made a part hereof (hereinafter referred to as the "Property").

My said Attomey-in-Fact is empowered to refinance said real property on such terms and conditions as said Attorney-in-Fact may deem advisable and to do in my name, place, and stead all things without limitation which said Attorney-in-Fact deems necessary to complete the refinancing of said real property herein described including any and all interest therein and or improvements located thereon, including specifically the following:

If this Power of Attorney is being used to close a Veterans Administration guaranteed loan, I further authorize the Veterans Administration to charge against my entitlement the amount necessary to obtain said loan.

In the event of my incompetence, insanity, or any other legal disability, I hereby declare that any acts performed by my said attorney pursuant to this Power of Attorney during such period of incompetence, insanity, or other legal disability shall be and remain binding on me, my legal guardians, and legal representatives in the same manner that such acts may have been binding on me had I not been incompetent, insane or legally disabled.

This Power of Attorney shall remain in full force and effect during such period of incompetence, insanity, or legal disability until such time as my legal guardian or legal representative revokes this Power of Attorney by a written instrument signed and dated by said guardian and such revocation is filled in the office of the Clerk of the Superior Court in the county where such property which is the subject hereof is located or if this Power of Attorney is terminated by a lawful judicial proceeding and such revocation is filled in the office of the Clerk of the Superior Court in the county where such property which is the subject hereof is located.

Third parties may rely upon the representations of my Attorney-in-Fact as to all matters relating to any power granted to my attorney and no person who may act in reliance upon the representation of my attorney or the authority granted to my attorney shall incur any liability to me or my estate as a result of permitting my attorney to exercise any power.

To induce a third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this Power of Attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party.

The invalidity of any one or more phrases, clauses, sentences, or paragraphs of this Power of Attorney shall not affect the enforceability of any remaining part or parts of the Power of Attorney; all of the phrases, clauses, sentences, and paragraphs

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hereof are inserted conditional on their being deemed valid by a court of competent jurisdiction, and in the event that that they are of the phrases, clauses, sentences, or paragraphs herein contained shall be held to be unenforceable, then the remaining non-offensive portions of this Power of Attorney shall be construed as if such unenforceable phrases, sentences, or paragraphs had not been inserted herein.

I hereby declare that any act or thing lawfully done hereunder by my said Attorney-in-Fact shall be binding on me, my heirs, representatives, and assigns, and I hereby ratify and confirm everything my Attorney-in-Fact shall do by virtue of this Power of Attorney.

This Power of Attorney shall remain in effect 90 days following its date of execution or upon the revocation by written instrument executed by me, which is recorded in the office of the Clerk of the Superior Court in which the subject property is located, whichever event occurs first.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to the Power of Attorney this / day of / day of 20,26

Signed, sealed, and delivered in the presence of:

	The sale was a some
1st Unofficial Witness	EZEQUIEL F. ZAMARRIAA
2nd Unofficial Witness (if required by state)	KARIN A. ZAMARKIPA CATTORNEY-IN-FACT
Sworn and subscribed before me this	day of
NOTARY PUBLIC	iche)
My commission expires: <u>03//4/2022</u>	Notary Public
(Notary Seal)	State of Washington Jordan T Brodand Commission No. 172748 Commission Expires 03-14-2922

EXHIBIT A - Legal Description:

All that certain parcel of land situate in the City of Mount Vernon, County of Skagit and State of Washington bounded and described as follows:

Lot 77, "THE MEADOW-PHASE I", as per plat recorded in Volume 15 of Plats, pages 167 through 172, inclusive, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Tax id#: P104991

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Tax ID: P104991

Ezequiel Zamarripa and Karin Zamarripa

2327 W Meadow Blvd Mount Vernon, Washington 98273