

Document Title:

SPECIAL POWER OF ATTORNEY

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. ANDREW D. MANNING

2.

Grantee(s):

additional grantee names on page ____.

1. DONNA MARIE MANNING

2.

Abbreviated legal description:

full legal on page(s) 4.

LOT 7, HOMEPLACE, AS PER PLAT RECORDED IN VOL. 14 OF PLATS, PG. 67-68,
RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

4506-000-007-0004/P83534

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, **ANDREW D. MANNING**, currently residing in the State of **WASHINGTON**, by this document do make and appoint **DONNA MARIE MANNING**, whose present address is **1006 S 21ST PL., MOUNT VERNON, WA 98274**, 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*

*** SEE ATTACHED LEGAL DESCRIPTION - EXHIBIT 'A'**

To take, hold, possess, lease, let, or otherwise manage my real property, including a house, lot, and any structures therein, in the at **1006 S 21ST PL., MOUNT VERNON, WA 98274**; to charge adequate fees and/or rent to cover mortgage payments; to maintain insurance, make minor repairs and conduct general maintenance on said property and to make improvements thereon to increase the value of the property; to pay all taxes and assessments on said property as they come due; to eject or remove tenants or other persons from and recover possession of such property by all lawful means.

To do and perform any and all acts necessary or appropriate to rent or lease and to maintain as rental property the dwelling I own at **1006 S 21ST PL., MOUNT VERNON, WA 98274** to persons to be determined by my said attorney-in-fact for a sum of no less than \$1,863 per month for a period not to exceed 12 months, and to enforce any and all lawful rights and claims I may have against any former, present, or future tenant or lessee thereof. Further, that my said agent is required and empowered to enter into a lease on my behalf for said premises, subject to such terms and conditions as I may hereinafter describe.

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.

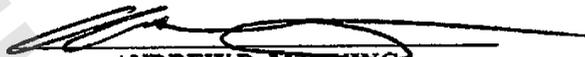
NO AUTOMATIC TERMINATION IF I AM DECLARED MISSING IN ACTION OR A PRISONER OF WAR BY THE UNITED STATES ARMED FORCES

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 **September 28, 2021**, 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, **September 29, 2020**.


ANDREW D. MANNING

ACKNOWLEDGEMENT BY STATE NOTARY PUBLIC

STATE OF WASHINGTON

County/Parish of **ISLAND**

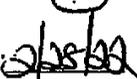
)
) **SS.:**
)

On this the **SEPTEMBER 29, 2020**, before me, **CHRISTINE TJAARDA**, Notary Public, personally appeared **ANDREW D. MANNING**, 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.


Notary Public

My commission expires: 



Escrow No.:1280279707

EXHIBIT 'A'
LEGAL DESCRIPTION

All that certain real property situated in the County of Skagit, State of WA, described as follows:

LOT 7, HOMEPLACE, AS PER PLAT RECORDED IN VOL. 14 OF PLATS, PAGES 67-68, IN
THE RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor Parcel Number(s): 4506-000-007-0004/P83534