

After Recording, please return to:

Teresa Melling
710 Haddon Road
Anacortes, WA 98221
400420-LT

Document Title(s): Special Power of Attorney
Reference Number(s) of Documents assigned or released: (on page __ of document(s))
Grantor(s): Kristopher G. Melling Additional Names on page __ of document.
Grantee(s): Teresa B. Melling Additional Names on page __ of document.
Abbreviated Legal Description: Lot 4, Brickyard Creek Division Additional legal is on page __ of document.
Tax Parcel Number(s): 4587-000-004-0003/P102048

SPECIAL POWER OF ATTORNEY

GRANTOR: Kristopher G Melling**GRANTEE: Teresa B Melling****ABBR. LEGAL: LOT 4, PLAT OF BRICKYARD CREEK DIVISION, ACCORDING TO THE PLAT THEREOF****RECORDED IN VOLUME 15 OF PLATS, PAGE(S) 48 THROUGH 50, RECORDS OF SKAGIT COUNTY, WASHINGTON.****SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.****ASSESSOR'S TPN: P102048 / 4587-000-004-0003**

THE UNDERSIGNED INDIVIDUAL, domiciled and residing in the State of Washington, as authorized by RCW 11.94.010, designates the following-named person as attorney in fact to act for the undersigned as the principal.

1. Designation. **Teresa B Melling**, is designated as attorney in fact for the principal. If for any reason he or she is unable or unwilling to so act, then _____ is designated as alternate attorney in fact for the principal with the same authority, rights, and privileges as the primary attorney in fact.

2. Powers. The attorney in fact, as fiduciary, shall have the power to sign any and all documents on principal's behalf regarding the sale of real (and incidental personal) property commonly known as 721 N Reed St, Sedro Woolley, WA 98284, TPN: P102048 / 4587-000-004-0003, and legally described as follows:

LOT 4, PLAT OF BRICKYARD CREEK DIVISION, ACCORDING TO THE PLAT THEREOF
RECORDED IN VOLUME 15 OF PLATS, PAGE(S) 48 THROUGH 50, RECORDS OF SKAGIT
COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

The attorney in fact shall incur no personal liability for acts done as attorney in fact pursuant to the power and on behalf of the principal, except acts in violation of any law.

3. Effectiveness. This Power of Attorney shall become effective immediately upon execution.

4. Duration. This Power of Attorney shall remain in effectual until revoked or terminated under paragraph 5 or 6 hereof.

5. **Revocation.** This Power of Attorney may be revoked, suspended or terminated in writing by the principal with written notice to the designated attorney in fact and by recording the written instrument of revocation in the office of the recorder or auditor of each county in which this Power of Attorney has been recorded.

6. **Termination.**

a. By Appointment of Guardian. The appointment of a guardian of the principal vests in the guardian, with court approval, the power to revoke, suspend or terminate this Power of Attorney.

b. By Death, Disability or Incompetency of Principal. The death, mental disability, or incompetency of the principal shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the attorney in fact.

7. **Accounting.** The attorney in fact shall be required to account to the principal or to any subsequently appointed personal representative or general guardian.

8. **Reliance.** The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney in fact nor any person with whom the attorney in fact 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 the Power of Attorney by death, incompetence or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on their heirs, devisees, legatees or personal representatives of the principal.

9. **Indemnity.** The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.

10. **Applicable Law.** The laws of the State of Washington shall govern this Power of Attorney.

11. **Execution.** This Power of Attorney is signed this 5 day of June, 2025, to become effective as provided in paragraph 4.

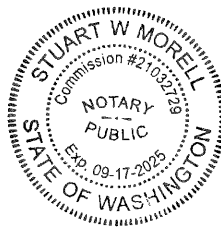
Kristy & Muriel

State of Washington

County of Skagit

I certify that I know or have satisfactory evidence that Kristopher Melling is the person who appeared before me; and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 6/5/2025



Stuart W. Morell

Signature

Notary Public, State of Washington

Stuart W Morell

Printed Name

My appointment expires: 09/17/2025