



200212300082

Skagit County Auditor

12/30/2002 Page

1 of

2 11:13AM

AFTER RECORDING MAIL TO:

Name JACK & Geraldine Ledford

Address 45709 Limestone St.

City/State CONROCK WA 98237

Document Title(s): (or transactions contained therein)

1. DURABLE POWER OF ATTORNEY
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. JACK LEDFORD
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. GERALDINE LEDFORD
- 2.
- 3.
- 4.
5. Additional names on page _____ of document


Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

(LOTS 15-19 , BLK 4, MARZENO TO BAKER)

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

(P70635)



First American Title Insurance Company

FIRST AMERICAN TITLE CO.
72075-1

(this space for title company use only)

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

GENERAL POWER OF ATTORNEY

(With Durable Provision)

TO ALL PERSONS. be it known, that I, JACK D. LEDFORD of Washington, the undersigned Grantor, do hereby make and grant a general power of attorney to GERALDINE M. LEDFORD, of Washington, and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally, with full power of substitution and revocation, including but not limited by said authority the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of my present or future real or personal property; the right to execute, accept, undertake and perform any and all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box; the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity, and the right to retain any accountant, attorney or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his best discretion deems advisable, and I affirm and ratify all acts so undertaken.

Special durable provisions:

This power of attorney shall not be affected by disability of the Grantor. This power of attorney may be revoked by the Grantor giving notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this 17th day of DECEMBER 2002

Signed in the presence of:

Witness

Grantor

Witness

Attorney-in-Fact

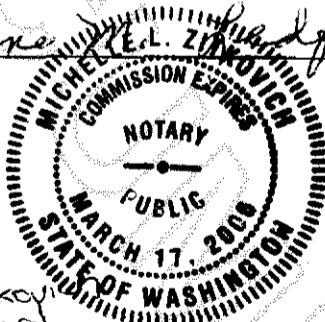
Note: Delete powers that do not apply

State of Washington
County of Skagit

On December 17, 2002 before me, Michelle L. Zittkoy appeared Jack D. Ledford & Geraldine M. Ledford personally known to me (or 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.
WITNESS my hand and official seal.

Signature Michelle L. Zittkoy

Affiant Known Produced ID
Type of ID (Seal)



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