AFTER RECORDING MAIL TO:

| Name JAMES L. GILDENVAN | |
|--|--|
| Address 3934 W. 12th Street | 200309220243 |
| Audress | Skagit County Auditor 9/22/2003 Page 1 of 1 3:47PM |
| City, State, Zip Anacortes, WA 98221 | |
| Filed for Record at Request of: | |
| CHICAGO TITLE CO - ISLAND DIVISION | |
| | A70074 |
| <u>C21962</u> V | AE9271 |
| SPECIAL POWER (PURCHASE/E | |
| I JAMES L. GILDENVAN, he as my true and lawful attorney for me and in my nam promissory notes, bonds, mortgages, contracts, deeds of the or proper to purchase and/or encumber the following descriptions. | trust and any other instrument which may be necessary |
| Lots 14, 15 and the West Half of BUCKLEY'S PLAT OF ANACORTES, Accrecorded in Volume 2 of Plats, Washington. | f Lot 13, Block 13, TUTTLE AND cording to the plat thereof, page 23, records of Skagit County, |
| EXCEPT that portion, if any, ly | ing within West 29th Street; |
| Situate in Skagit County, Washin | |
| · Wanter State of the Control of the | A |
| | The state of the s |
| Assessor's Property Tax Parcel/Account Number: R119 | 461 3834-013-015-0000 |
| Together with any personal property located thereon. | |
| Giving and granting unto my said attorney in fact full au acts necessary or incident to the performance and executi to do and perform all acts authorized hereby; as fully to al do if personally present. | ion of the powers herein expressly granted with power |
| This Special Power of Attorney will cease and be of, or six (6) months from | no further effect after the day of m the date hereof, whichever first occurs. |
| Jam J. Gilden | WARNING: This power of attorney will result in another person having full right to encumber your real and personal property and obligate you to a debt. It is recommended that you obtain counsel from your attorney prior to execution of this document. |
| OTATION WASHINGTON | The state of the s |
| STATE OF WASHINGTON)-ss | The state of the s |
| COUNTY OF SKAGIT) | The state of the s |
| | S L. GILDENIÇAN |
| (is/are) the person(s) who appeared before met and said person(s acknowledged it to be (his/her/heir) has an acknowledged it to be (his/her/heir). | and purposes mentioned in this instrument. |
| Dated: (e 9 05 M OTARY & | olic in and for the state of Washington |
| 20.1 | tment expires: _6/1/2005 |