

Return Address:
SARATOGA ESCROW INC.
2609 HOYT AVE
EVERETT, WA 98201



200703210111
Skagit County Auditor

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WASHINGTON STATE COUNTY AUDITOR/RECORDER'S INDEXING FORM (Cover Sheet)
CHICAGO TITLE CO. 1C41348

Please print or type information

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

1. POWER OF ATTORNEY

Reference Number(s) of Documents assigned or released:

Auditor's File No.: Document Title:

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

1. JANIECE D. WHITING

2.

3.

4. Additional names on page of document.

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

1. PETER S. WHITING

2.

3.

4. Additional names on page of document.

Legal Description (abbreviated: i.e. lot, block, plat or section, township, range):

UNIT 10-2, 48 DEGREES NORTH HANGARS

Assessor's Property Tax Parcel/Account Number:

P125180, P125177, P125178 AND P125178

Additional legal is on page of document.

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

it is in my best interest.

10. **Effective Date**

This power of attorney will start immediately upon signing. Under no circumstances will the powers granted in this power of attorney continue after my mental incapacity or death.

11. **Attorney-in-fact Restrictions**

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

12. **Notice to Third Parties**

Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

13. **Severability**

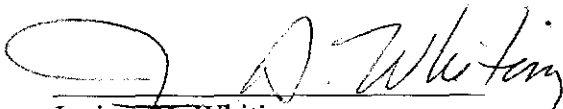
If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

14. **Acknowledgment**

I, **Janiece D. Whiting**, being the Principal named in this Power of Attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Power of Attorney.
- b. I am of legal age in the State of Washington to grant a Power of Attorney.
- c. I am voluntarily giving this Power of Attorney.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of Anacortes, in the State of Washington, this 6th day of March, 2007.



Janiece D. Whiting



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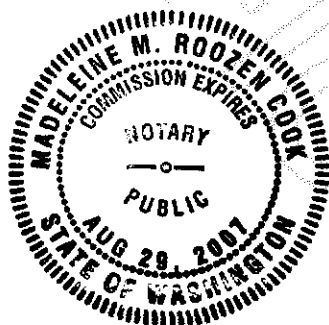
4 12:05PM

NOTARY ACKNOWLEDGEMENT

State of Washington)
) ss.
County of Skagit)

On this day personally appeared before me Janiece D. Whiting, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 6th day of March, 2007



Madeleine M. Roozen Cook
Notary Public Madeleine M. Roozen Cook

Residing at: Laloune

My commission expires: 8-29-07



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