

RETURN ADDRESS
LSI, CUSTOM RECORDING
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2550 N. REDHILL AVE.
SANTA ANA, CA 92705



200703280088
Skagit County Auditor

3/28/2007 Page 1 of 4 2:41PM

Document Title(s)

CRS#2467058

POWER OF ATTORNEY

Reference Numbers(s) of related documents

Additional Reference #=s on page

Grantor(s) (Last, First and Middle Initial)

TRACY, DAVID C.

TRACEY, CYNTHIA S.

Additional grantors on page

Grantee(s) (Last, First and Middle Initial)

MATTHEWS, KAREN

Additional grantees on page

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

LOTS 6, 7, AND 8, BLOCK "K" MAP OF LACONNER, VOLUME 2, PAGE 49,

Additional legal is on page

Assessor's Property Tax Parcel/Account Number

4123-011-009-0002

Additional parcel #=s on page

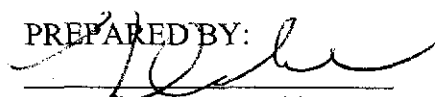
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

UNOFFICIAL DOCUMENT

PREPARED BY:



Recording requested by and,
When recorded, mail to:
LSI, A Division of FNF
700 Cherrington Pkwy
Coraopolis, PA 15108

Power of Attorney
Dated June 30, 2006

This Power of Attorney authorizes the person named below as my attorney-in -fact to do one or more of the following: to sell, lease, grant, encumber, release or otherwise convey any interest in my real property and to execute deeds and all other instruments on my behalf, unless this Power of Attorney is otherwise limited herein to specific real property.

GRANTOR

David C Tracey and Cynthia S Tracey
503 S 3rd St La Connor, WA 98257

GRANTEE/ATTORNEY IN FACT

Karen Matthews
Agent of LSI/Chicago Title Company/ Fidelity National Financial Inc.
700 Cherrington Pkwy
Coraopolis, PA 15108

Property Description
503 S 3rd St La Connor, WA 98257



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RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

POWER OF ATTORNEY AND CORRECTION AGREEMENT

Granted for a Refinance of the property whose address is 503 S 3RD STREET LA CONNOR, WA 98257, hereinafter the "Transaction", occurring on or about 06/30/06.

I/We ("Undersigned"), hereby make(s) and appoint(s) and by this Power of Attorney do (es) make, constitute and appoint either Tara Crago, Paula Kellner, Karen Matthews and Teresa Davis as a representative of LSI, ("Title Insurer"), the true and lawful attorney-in-fact for Undersigned, and in Undersigned's name to complete, execute, sign our names, place our initials on "Closing Documents" related to the above referenced Transaction, and to execute, by the initialization and signature (as required) of any one of the following authorized Title Insurer employee or agents, DAVID C TRACEY CYNTHIA S TRACEY, _____, and _____ for the purpose of completing the Closing Documents in the above referenced transaction.

No change of amount, interest or due date will be permitted under this authorization. Closing Documents include but are not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the transaction, including but not limited to governmental and taxing authorities. In addition, in the event of clerical error or mistakes, including but not limited to omissions, spelling, grammatical, typographical and scrivener errors, then in such event Undersigned, hereby gives its consent and grants authority to Title Insurer to correct any omission, misstatement or inaccuracy and execute any new or corrected or completed documents as may be deemed necessary to remedy any omission, inaccuracy or misstatement.

This Power of Attorney is effective unless revoked by Undersigned upon 30 days prior written notice. Further giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. In Witness Whereof, intending to be bound, I have hereto set my hand and seal this 30 day of June, 2006.



DAVID C TRACEY



CYNTHIA S TRACEY

Witness if Required (Sign and Print)

Witness if Required (Sign and Print)



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POWER OF ATTORNEY AND CORRECTION AGREEMENT

(Continued)

On this 30 day of June, 2006 before me, the undersigned notary public, personally appeared David C Tracey, Cynthia S Tracey, provided to me through satisfactory evidence of identification, which were WA State Driver Lic, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose

Given under my hand and seal of office this 30 day of June, 2006.

Barbara Jean Arndt

Notary Public Name / Seal / Imprint

Barbara Jean Arndt

NOTARY PUBLIC
STATE OF WASHINGTON
BARBARA JEAN ARNDT
COMMISSION EXPIRES 01/20/2010

THIS DOCUMENT IS FILED FOR
RECORD BY FIDELITY NATIONAL
TITLE INS. CO. AS AN ACCOMMODATION
ONLY IT HAS NOT BEEN EXAMINED
AS TO ITS EXECUTION OR AS TO ITS
EFFECT UPON THE TITLE.

Prepared by:
Dawn Tomberlin
Washington Mutual
8880 Freedom Crossing Trail
Jacksonville, Florida 32256
~~800-755-0772~~



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