



201209040090  
Skagit County Auditor

9/4/2012 Page 1 of 4 11:12AM

**Return to:**

Robert P. Gardner  
PO Box 43  
Mount Vernon WA 98273

**Document Title(s) (or transactions contained herein):**

**Specific Durable Power of Attorney**

( ) Additional Reference Numbers on page \_\_\_\_ of document

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

- 1. **GARDNER, Robert P.**
- 2.
- 3.
- 4.

( ) Additional names on page \_\_\_\_ of document

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

- 1. **MARICICH, Merry**
- 2.
- 3.
- 4.

( ) Additional names on page \_\_\_\_ of document

**Legal Description (Abbreviated: i.e. lot, block, plat or quarter, section, township and range):**

**Lot 4 MV SP MV-1-01 AF #200108160009 NW 1/4 SE 1/4**

( ) Additional legal(s) on page \_\_\_\_ of document

**Assessor's Parcel/Tax I.D. Number:**

**P-118237**

( ) Tax Parcel Number(s) for additional legal(s) on page \_\_\_\_ of document

UNOFFICIAL DOCUMENT

[Space Above This Line For Recording Data]

After recording return to:

Prepared by:

**SPECIFIC DURABLE POWER OF ATTORNEY**

NOTICE: IF YOU HAVE ANY QUESTIONS ABOUT THE POWERS YOU ARE GRANTING TO YOUR AGENT AND ATTORNEY-IN-FACT IN THIS DOCUMENT, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Robert P. Gardner  
whose address is 1610 E Blackburn Road, Mount Vernon WA 98274,  
appoint Merry Manich  
whose address is 1610 E Blackburn Road, Mount Vernon WA 98274,  
as my agent and attorney-in-fact ("Agent") to act for me in any lawful way with respect to applying for and consummating financial transactions involving the Property (described below).

**1. PROPERTY**

The Property is described as:  
Lot 4 of Mount Vernon Short Plat MV-1.01 recorded under  
AF # 200108160009 being a portion of the NW 1/4 SE 1/4  
and has an address of 1610 E Blackburn Rd, Mount Vernon WA  
Skagit County Assessor's Parcel No. P-118237



**2. AGENT'S AUTHORITY**

*(YOU MUST CROSS OUT ALL POWERS YOU WISH TO WITHHOLD FROM YOUR AGENT)*

I hereby authorize my Agent to do all acts necessary to obtain financing and pledge the Property as security on my behalf for the following purposes:

- Purchase the Property
- Refinance to pay off existing liens on the Property
- Construct a new dwelling on the Property
- Improve, alter or repair the Property
- Withdraw cash equity from the Property
- Establish a line of credit with the equity in the Property

**3. SPECIAL INSTRUCTIONS**

**VA Loan:** In the event my Agent applies for a loan on my behalf that is guaranteed by the Department of Veterans Affairs: (1) all or a portion of my entitlement may be used; (2) if this is a purchase transaction, the price of the Property is \$ \_\_\_\_\_; (3) the amount of the loan to be secured by the Property is \$ \_\_\_\_\_; and (4) I intend to use and occupy the Property as my home. My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

**FHA Loan:** I intend to use and occupy the Property as my home. My Agent is authorized to sign the loan application (only if I am incapacitated), receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

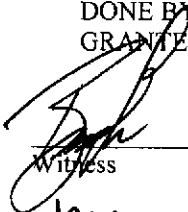
**Conventional Loan:** My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

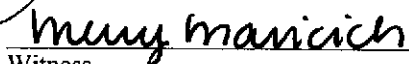
**4. GENERAL PROVISIONS**


THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED BY ME. Any third party who receives a copy of this Power of Attorney may act under it. Revocation of this Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party due to reliance on this Power of Attorney.

**THIS POWER OF ATTORNEY IS NOT AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY.**

I HEREBY RATIFY AND CONFIRM ALL THAT MY AGENT MAY LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS POWER OF ATTORNEY AND THE RIGHTS, POWERS AND AUTHORITY GRANTED HEREIN.

  
 \_\_\_\_\_  
 Witness Date 9/4/12

  
 \_\_\_\_\_  
 Witness Date 9.4.12

  
 \_\_\_\_\_  
 Principal Date 9/4/12

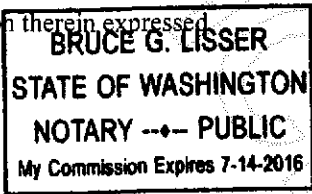


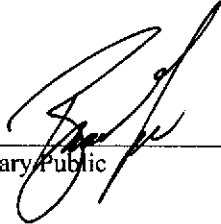
**ATTENTION NOTARY PUBLIC:** If the acknowledgment below does not meet the statutory requirements of your authorizing state, complete a proper acknowledgment on a separate sheet of paper and attach it to this document.

STATE OF WASHINGTON

COUNTY OF SKAGIT

Before me, on this day personally appeared ROBERT P. GARDNER,  
known to me (or proved to me on the oath of \_\_\_\_\_  
or through \_\_\_\_\_) to be the person whose name is  
subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and  
consideration therein expressed.



  
\_\_\_\_\_  
Notary Public

**WARNING TO AGENT:** THE AGENT AND ATTORNEY-IN-FACT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.