

Return Address:
ESCROW SOLUTIONS
1704A GROVE ST
MARYSVILLE, WA 98270



Skagit County Auditor \$75.00
7/9/2014 Page 1 of 4 3:31PM

POOR ORIGINAL

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S INDEXING FORM (Cover Sheet)

Please print or type information

CHICAGO TITLE 620021128

Document Title(s) (or transactions contained therein): 1. SPECIFIC DURABLE 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. BRUESEHOFF, KONRAD 2. _____ 3. _____ 4. _____ 5. _____ Additional names on page _____ of document.
Grantee(s) (Last name first, then first name and initials): 1. BRUESEHOFF, PAMELA 2. _____ 3. _____ 4. _____ 5. _____ Additional names on page _____ of document.
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range): LOT 22, DIGBY HEIGHTS PH 1, ACCORDING TO THE PLAT THEREOF, RECORDED APRIL 15, 2009, UNDER AUDITOR'S FILE NO. 200904150063, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN SKAGIT COUNTY, WASHINGTON.
Assessor's Property Tax Parcel/Account Number: 4984-000-022-0000 _____ 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.

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, KONRAD BRUESEHOFF,
whose address is 2531 131st PL SE, Everett WA 98208
appoint PAMELA BRUESEHOFF
whose address is 2531 131st PL SE, Everett WA 98208
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:

and has an address of 3437 LEANN ST, MT VERNON,
WA 98274



201407090063

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.

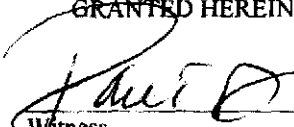
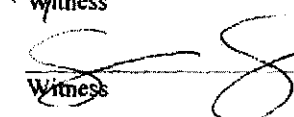
Conventional Loan: My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.


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.

 6/3/14
 Witness Date
 6/3/14
 Witness Date


 Principal 6-3-14
 Date



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.

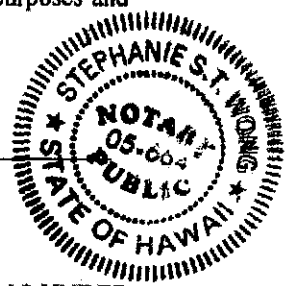
STATE OF Hawaii

COUNTY OF Honolulu

Before me, on this day personally appeared Konrad P. Bruesehoff
known to me (or proved to me on the oath of _____
or through Washington Driver License) 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.

Stephanie S.T. Wong
Notary Public

MY COMMISSION EXPIRES OCT 30 2017



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.

Doc. Description: Specific Durable
power of Attorney
Doc. Date: 10/31/14 No. Pages: 3
Stephanie S.T. Wong Notary Public Name Jud. Circuit

