When recorded return to: Kenneth M. DeCoursey 2900 Williamsberg Terrace, Apt U-202 Flatt City, MO 64079



Skagit County Auditor 6/24/2015 Page

\$73.00

1 of 2 3:19PM

Filed for record at the request of:



425 Commercial St Mount Vernon, WA 98273

Escrow No.: 620024075

CHICAGO TITLE 62004015

SPECIAL POWER OF ATTORNEY Sale

I, Kenneth M. DeCoursey, hereby appoint Lynda R. DeCoursey as my true and lawful attorney for me and in my name and stead and for my use and benefit to bargain, sell, contract to convey, or convey any and all right, title, interest in and to the following described real property:

Lot 25, PLAT OF BLACKBURN RIDGE DIV. NO. 2, according to the plat thereof recorded on October 31, 2001 under Auditor's File No. 20040510122; records of Skagit County, Washington;

Situated in Skagit County, Washington

200010310122

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P117380 / 4767-000-025-0900

Together with any personal property located thereon

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby; as fully to all intents and purposes as the Grantor(s) might or could do if personally present.

This Special Power of Attorney will cease and be of no further effect after the _____ day of _____, ____, or six (6) months from the date hereof, whichever first

property. It is recommended that you obtain counsel from your attorney prior to execution

Dated: June 8, 2015

of this document.

Kenneth M. DeCoursey

SPECIAL POWER OF ATTORNEY

Sale

(continued)

State of Control of the Control of t
Equity of Karust
certify that I know or have satisfactory evidence that Kenneth M. DeCoursey is the person who appeared before me, and said person acknowledged that he signed this instrument and
acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this
nstrument.
Dated:
The state of the s
Name:
Notary Public in and for the State of
Residing at: Solve Woolf
My appointment expires: 6/19/17
I AURUS A S S S S S S S S S S S S S S S S S S
My appointment expires: 6 1917
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