## When recorded return to:

Mr. and Mrs. Alan J. Carlson 4102 Orchard Avenue Anacortes, WA 98221 201506290034

\$73.00

Skagit County Auditor 6/29/2015 Page

1 of

2 9:15AM

Filed for Record at Request of Land Title and Escrew

Escrow Number: 151966-SAE

Grantor: Mandi R. Carlson

Grantee: Alan J. Carlson Alan J. Carlson and Mandi R. Carlson

Abbreviated Legal: Lot 1, Orchards P.U.D.

Tax Parcel Number(s): P123983/4882-000-001-0000

## SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER)

## Land Title and Escrow

I.	Man	di	R.	Car	lson

hereby Alan J. Carlson
as my true and lawful attorney for me and in my name and stead, and for my use and benefit to
execute promissory notes, bonds, mortgages, contracts, deeds of trust and any other
instruments which may be necessary or proper to purchase and/or encumber the following
described real property:

Lot 1, "THE ORCHARDS P.U.D.," as per plat recorded January 19, 2006, under Auditor's File No. 200601190126, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

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 might or could do if personally present.

This Special Power of Attorney will cease and be of no further day of or six (6) months from the date hereof, whichever	
SI SIN CO, IDOMENIO NOME DISCORE VINICIOVAL	
WARNING: This power of attorney will result in another person having full right encumber your real property and obligate you to a debt. It is recommended that y obtain counsel from your attorney prior to execution of this document.	
obtain counsel a saily gar accorded prior to execution of this accument.	
Dated: Manle Realization	
Mandi R. Carlson	
State of Vivainia County of Vivainia Beach SS:	
CITY	
I certify that I know or have satisfactory evidence that Mandi R. Carlson the person(s) who appeared before me, and said person(s) acknowledged he/she/they that	
signed this instrument and acknowledge his/her/their free and voluntary act for the	
it to be uses and purposes mentioned in this instrument.	
Dated	
: 6/22/2015 Ashley 4: Clas	
Notary Public in and for the	
Notary Public in and for the Notary Public in an analysis in in an analys	
PUBLIC Residing Residing	
ES COMMISSION & at: 213 Lipton Dave Ste 126 Virginia	f
APRIL 30, 2016 My appointment	
Notary Public in and for the State of Public Residing REG # 7518977 COMMISSION EXPIRES APRIL 30, 2016 My appointment expires:  APVIL 36, 2016	.A.
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