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Skagit County Auditor

11/2/2017 Page

1 of

\$125.00  
2 3:26PM

Document Title: Power of Attorney

Reference Number: 01-162609 - Land Title

Grantor(s):

1. Ronald D. Dahl

2.

☐ additional grantor names on page \_\_\_\_

Grantee(s):

1. Patricia Diane Bingham

2.

☐ additional grantee names on page \_\_\_\_

Abbreviated legal description:

Ptn NE 1/4 NE 1/4, 23-35-3 E W.M.

☐ full legal on page(s) \_\_\_\_

Assessor Parcel / Tax ID Number:

P34683

☐ additional tax parcel number(s) on page \_\_\_\_

I, Dana Bromels, am hereby requesting an emergency non-standard recording for an additional fee 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. Recording fee is \$74.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Dana Bromels Dated 11-2-17

# Power of Attorney for Finances (Limited Power)

I, RONALD D. DAHL, of 2491 HEIGHTS DR., FERNDALE, WA 98248  
appoint PATRICIA DIANE BINGHAM to act in my place for the purposes of:  
SIGNING OF ALL DOCUMENTS RELATED TO THE CLOSING OF THE  
SALE OF THE HOUSE LOCATED AT 16844 ALLEN WEST RD., BOW, WA.

This power of attorney takes effect on OCTOBER 17, 2017 and shall continue until terminated  
in writing or until THE SALE OF 16844 ALLEN WEST RD IS COMPLETE, whichever  
comes first. In the event of my incapacity or death, this power of attorney shall terminate immediately.

I grant my attorney-in-fact full authority to act in any manner both proper and necessary to the exer-  
cise of the foregoing powers, and I ratify every act that my attorney-in-fact may lawfully perform in  
exercising those powers.

I agree that any third party who receives a copy of this document may act under it. Revocation of the  
power of attorney is not effective as to a third party until the third party has actual knowledge of the  
revocation. I agree to indemnify the third party for any claims that arise against the third party because  
of reliance on this power of attorney.

Signed: This 17<sup>th</sup> day of OCTOBER, 2017.

State of: WA County of: WHATCOM

Signature: Ronald Dahl, Principal

Social Security Number: \_\_\_\_\_

## Certificate of Acknowledgment of Notary Public

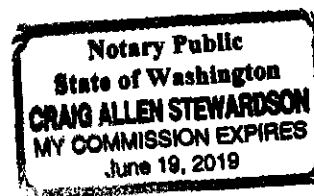
State of Washington

County of Whatcom

This record was acknowledged before me on 10/17/17 (date) by  
Craig Allen Stewardson (name).

Signature of notarial officer Craig Allen Stewardson

Title of office Branch Manager Ferndale Branch



My commission expires: June 19<sup>th</sup> 2019

[Stamp]