

Return Address

Land Title & Escrow of Skagit & Island County



201711030132

Skagit County Auditor

11/3/2017 Page

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\$125.00

3:44PM

PLEASE PRINT NEATLY OR TYPE INFORMATION

Document Title (s)

01-162609-SE ✓

Reference Number (s) of related documents:

Land Title

Additional Ref #'s on page

Grantor (s) (Last, First and Middle Initials)

Norman Reggie Dahl

Additional grantors on page

Grantee(s) (Last, First and Middle Initials)

Patricia Diane Bingham

Additional grantees on page

LEGAL DESCRIPTION (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Pm NE ¼ NE ¼, 23-35-3 E W.M.

Additional legal is on page

Assessor's Property Tax Parcel/Account Number

350323-0-0003, P34683

Additional parcel #'s on page

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as 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.



Signature of Requesting Party

Power of Attorney for Finances (Limited Power)

I, NORMAN Reggie DAHL, of 4333 Maple Ln, West Richland, wa
appoint PATRICIA Diane Bingham to act in my place for the purposes of:
Signing all documents for the sale of the house at
16844 Allen West Rd, Bow, wa.

This power of attorney takes effect on 11/2/17 and shall continue until terminated
in writing or until the sale of the house at 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 2nd day of Nov 2017
State of: Washington County of: Benton

Signature: [Signature] Principal
Social Security Number: [Redacted]

Certificate of Acknowledgment of Notary Public

State of Washington
County of Benton

This record was acknowledged before me on 11/2/17 (date) by
Norman Reggie Dahl (name).

[Signature]
Signature of notarial officer

Notary Public
Title of office

My commission expires: 04/05/2020

