

Title Order 02-176559-0E

After recording, return to:

Land Title & Escrow  
3010 Commercial Ave  
Anacortes, WA 98221

**SPECIAL POWER OF ATTORNEY**

**Know all Persons by these Presents:**

That the undersigned, Barbara Cameron

(the "Principal(s)", residing at 7135 Upland Dr, Anacortes, WA. 98221

does hereby constitute and appoint Sally Peyou

(the "Agent"), residing at 7135 Upland Dr, Anacortes, WA. 98221

to be the Principal's agent and attorney-in-fact, with full power of substitution to act in the name and on behalf of the Principal(s) with the power to act fully hereunder as follows:

To perform every act necessary and requisite to negotiate, agree to and consummate, on whatever terms my Attorney in Fact deems appropriate, the sale or conveyance, or both, of the real property described below, including without limitation the review, approval, acceptance, execution or delivery of any escrow instructions, any contract, any deed, any carry back financing document, any other document required from me by the buyer, buyer's lender, if any, any escrow agent, any title insurer or any other party affiliated with the transaction or any other document required for me that relates to the transaction.

The real property to which this Power of Attorney relates is commonly known as:

and legally described as follows:

Holiday Hideaway NO 1 LOT 92 BLOCK 2 Parcel Number P65822  
Skagit County, WA

I give and grant to my above named Attorney in Fact the authority to perform every act necessary and requisite to accomplish the purposes of this Power of Attorney, and I hereby ratify and confirm every act that my Attorney in Fact does or causes to be done by reason of this Power of Attorney.

Special Instructions:

The rights and powers granted herein shall be in full force and effect upon execution and shall remain in effect until September 30, 2020.

I agree that any third party who received a copy of this document may act under it. Revocation of the durable 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 from any claims that arise against the third party because of reliance on this power of attorney.

This power of attorney is not affected by any subsequent disability or incapacity of the principal and shall be considered a "Durable Power of Attorney." (ii) shall be governed, as to its validity, terms and enforcement, by those laws of the State of Washington that apply to instruments negotiated, executed, delivered and performed solely within the State of Washington, and (iii) may be executed in any number of counterparts, each of which shall have the same effect as if it were the original instrument and all of which shall constitute one and the same instrument.

**WARNING: This power of attorney will result in another person having full right to sell your property. It is recommended you obtain counsel from your attorney prior to execution of this document.**

**THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.**

*(Signature page to follow)*

EXECUTED to be effective as of the 13<sup>th</sup> day of July, 2020.

Bla

Principle

Barbara Cameron

Print Name

Principle

Print Name

*Construe all terms with the appropriate gender and quantity required by the sense of this instrument.*

STATE OF Washington

COUNTY OF Skagit

I certify that I know or have satisfactory evidence that Barbara Cameron

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in the instrument.

Date: 13<sup>th</sup> July 2020

[Signature]

Notary signature

Nicholas Brasler

Print name

My commission expires: \_\_\_\_\_

Document Prepared by:

EXECUTED to be effective as of the 13<sup>th</sup> day of July, 2020.

BC  
\_\_\_\_\_  
Principle  
Barbara Cameron  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Principle  
\_\_\_\_\_  
Print Name

*Construe all terms with the appropriate gender and quantity required by the sense of this instrument.*

STATE OF Washington

COUNTY OF Skagit

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(his(her)their) free and voluntary act for the uses and purposes mentioned in the instrument.

Date: 13<sup>th</sup> July 2020

RBell  
\_\_\_\_\_  
Notary signature  
Rowena Bull  
\_\_\_\_\_  
Print name  
My commission expires: \_\_\_\_\_

Document Prepared by: