Prepared by, recording requested by and return to:	
Name: Company: Address:	
City:         State:       Zip:         Phone:	
Fax: Tax Parcel I.D. Number:	
	Above this Line for Official Use Only
	L POWER OF ATTORNEY G REAL ESTATE TRANSACTION (Agent for Seller)
STATE OF WASHINGTON COUNTY OF	
KNOW ALL MEN BY THESE PRES	SENT, THAT I,
(City), (State POWER OF ATTORNEY, hereby ap	e),, (Zip), desiring to execute a SPECIAL point,, of
	nty, Washington, as my Attorney-in-Fact to act as follows,
	lose on the sale of the property described below, (address), with full
power and authority for me a to effect the sale, conveyance his choosing, including but no affidavits, contracts, addenda, statements, truth-in-lending sta checks, or the like, and any su- kind, character and nature as n	and in my name to execute any and all documents necessary and settlement on said property to any person or persons of t limited to, deeds, checks, receipts, releases, warranties, settlement statements, loan commitments and disclosure attements, all forms of commercial papers, endorsements to ch other instrument or instruments in writing of whatever may be necessary to complete the sale, financing ent process. FURTHER GRANTING full power and
	e any funds or proceeds of said sale in any manner which,
The legal description of the property i	s as follows, to-wit:
[INSERT DESCRIPTION OR ATTA	CH EXHIBIT]

I hereby ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by

virtue of this Power of Attorney and the rights and powers herein granted.

All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed. This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as any revocation is recorded in the recorder's office of the county where the land is located.

DATED this the	day of	, 20
		Signature
		Print Name:
STATE OF WASH	INGTON	
COUNTY OF		_
On this day	personally appeared	l before me, to
me known to be the	individual(s) descr	ibed in and who executed the within and foregoing
		she/they signed the same as his/her/their free and
voluntary act and de	eed, for the uses and	d purposes therein mentioned.
Given under	r my hand and seal o	of office this,
20	J	
		Notary Public
	residing a	at
	· ·	Printed Name:
My Commission Ex	cpires:	
Principal Name a	 nd Address	Attorney-in-Fact Name and Address
Address:		Address:
City:		City:
State:	Zip:	State: Zip:
Phone:		Phone: