

Wm. C Erickson

BOOK 123 PAGE 820

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TK 111454

KNOW ALL MEN BY THESE PRESENTS, That I, WILLIAM CARL ERICKSON

have made, constituted and appointed and by these presents do make, constitute and appoint MY PARENTS
ARTHUR J. ERICKSON & FLORENCE B. ERICKSON 29545 SE WALE RD. BOZING, OR
 my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

FILED FOR RECORD
STAMPAH WASHBY Arthur J. Erickson

JUN 24 11 09 AM '91

E. Mefford
AUDITOR

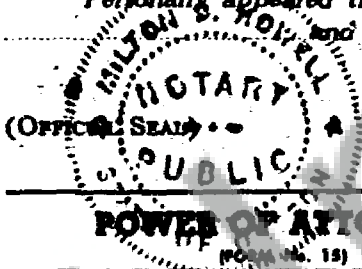
GARY

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing
 whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if per-
 sonally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done,
 by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated AUGUST 22, 1990.William C EricksonSTATE OF OREGON, County of MarionPersonally appeared the above named William EricksonAugust 22, 1990.and acknowledged the foregoing instrument to be a voluntary act and deed.

Before me:

Milton D. Howell
Notary Public for Oregon. My commission expires 3/28/94POWER OF ATTORNEY
(FORM No. 15)

TO

AFTER RECORDING RETURN TO

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE
 Registered E
 Indexed, Dir P
 Indirect P
 Filmed 7/1/91
 Mailed
STATE OF Washington
County of Skamania } ss.

I certify that the within instru-
 ment was received for record on the
24 day of June, 1991,
 at 11:09 o'clock A.M., and recorded in
 book/reel/volume No. _____, on
 page _____ or as fee/file/instru-
 ment/microfilm/reception No. _____,
 Record of _____
 of said County.

Witness my hand and seal of
 County affixed.

NAME

TITLE

By _____ Deputy