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BOOK 116 PAGE 957



P 3130—Power of attorney (simple, durable or springing) with affidavit that power is in full force 11-37.

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Consult your Lawyer before signing this document. It has important legal consequences.

### Power of Attorney

1. Grantor of the Power of Attorney, and address: JACOB AALVIK  
0.386 GROPPER RD  
STEVENSON WA 98648

2. Attorney, and address: Edward R. Aalvik  
5042 CALIF AV SW  
SEATTLE WA 98136

FILED IN RECORD  
SKAMIA WASH  
BY [Signature]  
DEC 1 4 28 PM '89  
GARY M. OLSON  
ATTORNEY

(The words Grantor and Attorney shall include all grantors and all attorneys under this Power of Attorney)

#### 3. Creation of the Power of Attorney

The Grantor hereby appoints the Attorney as the true and lawful attorney in fact of the Grantor for the Purposes stated in this Power of Attorney. The Attorney is granted full power and authority to the extent permitted by law to do whatever is necessary to achieve the Purposes as the Grantor personally could do.

#### 4. Purposes: All of the following purposes except those stricken are included in this Power of Attorney.

To strike out any purpose the Grantor must draw a line through the text of that subdivision AND initial within the brackets.

If any purposes are stricken, Grantor may wish to also strike out (M) all other matters.

- |   |  |
|---|--|
| (A) real estate transactions; [ ]               | (I) personal relationships and affairs; [ ]  |
| (B) chattel and goods transactions; [ ]         | (J) benefits from military service; [ ]  |
| (C) bond, share and commodity transactions; [ ] | (K) records, reports and statements; [ ]   |
| (D) banking transactions; [ ]                   | (L) full and unqualified authority to the Attorney to delegate any or all of the foregoing powers to any person or persons whom the Attorney shall select; [ ] |
| (E) business operating transactions; [ ]        | (M) all other matters; [ ]   |
| (F) insurance transactions; [ ]                 |  |
| (G) estate transactions; [ ]                    |  |
| (H) claims and litigation; [ ]                  |  |

#### 5. Substitution and Revocation (Delete if purpose [L] is stricken.)

The Attorney shall have full power of substitution and revocation. This means that the Attorney may appoint another to act under this Power of Attorney, and to revoke that appointment.

#### 6. Durable Power

This Power of Attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

#### 7. Springing Power (If this space is left empty this Power of Attorney will not be a Springing Power of Attorney)

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8. Inducement of Third Parties to Act

Grantor agrees that any third party receiving a signed copy or reproduction of this Power of Attorney may act under it. Revocation or termination of this Power of Attorney will not be effective until the third party receives actual knowledge of the termination or revocation. Grantor shall hold harmless any third party from and against any claims that may arise against the third party as a result of reliance on this Power of Attorney.

In Witness Whereof, Grantor has signed this Power on December 1 1989.

In the presence of:

Nancy Lynn Jensen of PO Box 238 Stevenson WA 98648  
signature address  
Walter J. Grant of 1119 9th Colm WA 98610  
signature address

STATE OF Washington COUNTY OF Skamania ss.:

On December 1 1989 before me, the subscriber, personally appeared

to me personally known, and known to me to be the same person described in and who executed the foregoing Power of Attorney, and he acknowledged to me that he executed the same.

Betty J. McKeane  
Notary Public  
My Commission Expires 1/1/93

**Affidavit that Power of Attorney is in Full Force**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ ss.:

being duly sworn, deposes and says:

1. The Grantor within did, in writing, appoint me as the Grantor's true and lawful attorney in fact in the within Power of Attorney.
2. As Attorney for the Grantor and pursuant to the Power of Attorney, I have executed the following Instrument(s):
3. At the time I executed the Instrument(s) I had no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent that the Grantor is alive, has not revoked or repudiated the Power of Attorney and the Power of Attorney still is in full force and effect.
4. I make this affidavit for the purpose of inducing

to accept delivery of the Instrument(s), as executed by me in my capacity as the Attorney of the Grantor, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Instrument(s) and in paying good and valuable consideration therefor.

Sworn to before me on \_\_\_\_\_ 19\_\_\_\_\_

If Grantor wishes the Power of Attorney to become effective only upon disability, and such Springing Power of Attorney is permitted in the jurisdiction, insert the following provision or other provision required in the jurisdiction:

This Power of Attorney shall become effective upon the disability of the Grantor whereby Grantor is unable to manage Grantor's property and affairs effectively. Such disability shall be deemed to exist and the Attorney may act pursuant to this Power of Attorney only after a licensed physician (you may give the name and address of a specific physician) has certified such disability in writing.