

TK 111454

Wm. C. Erickson & M

COPYRIGHT 1972

BOOK 123

PAGE 820

KNOW ALL MEN BY THESE PRESENTS, That I, WILLIAM CARL ERICKSONhave made, constituted and appointed and by these presents do make, constitute and appoint MY PARENTS ARTHUR J. ERICKSON & FLORENCE B. ERICKSON 24545 SE HALE RD. BORING, 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

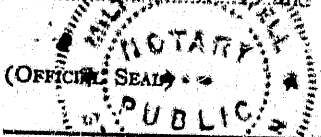
STATE OF OREGON

BY Arthur J. Erickson

JUN 24 11 09 AM '91

E. Masford
AUDITOR

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 personally 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 Erickson August 22, 1990, and acknowledged the foregoing instrument to be a voluntary act and deed.Before me: Milton R. Howell
Notary Public for Oregon. My commission expires 3/28/91POWER OF ATTORNEY
(FORM No. 15)

TO

AFTER RECORDING RETURN TO

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USERegistered E
Indexed, Dir 1
Indirect 1
Filmed 7/1/91
MailedSTATE OF Washington
County of Skamania } ss.I certify that the within instrument 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/instrument/microfilm/reception No. _____, Record of _____ of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy