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SKAMANIA CO. WASH
BY *Lynn Halvick*

Nov 6 2 04 PM '95

P. Johnson
AUDITOR
GARY M. OLSON

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BOOK 153 PAGE 387

**REVOCATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE
AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE
AND REVOCATION OF ALL OTHER POWERS OF ATTORNEY**

I, John James Henderson, do hereby revoke the Durable Power of Attorney for Health Care and Appointment of Health Care Representative, given to Joyce A. Deadmond, which were executed on May 3, 1995, together with all other Powers of Attorney previously executed by me.

DATED this 6th day of November 1995.

John James Henderson
John James Henderson

STATE OF WASHINGTON)
County of Mitchell) ss.

Each of the undersigned, being first duly sworn on oath, states that on this 6th day of November 1995:

Revocation of Durable Power of Attorney
for Health Care and Appointment of
Health Care Representative, and
Revocation of All Other Powers of Attorney - 1

Registered
Indexed, Sir
Indirect
Filmed
Mailed

I am over eighteen (18) years of age and competent to be a witness to the Revocation of Durable Power of Attorney for Health Care and Appointment of Health Care Representative, and Revocation of All Other Powers of Attorney, of John James Henderson, who is personally known to me.

In my presence, and in the presence of the other witness whose signature appears with mine below, the above-named signed the foregoing instrument and requested that I and the other witness act as witnesses to his Revocation of Durable Power of Attorney for Health Care and Appointment of Health Care Representative, and Revocation of All Other Powers of Attorney, and make this Affidavit.

I believe that at the time of the previously mentioned signing and request of John James Henderson, he was of sound mind and was not acting under any duress, menace, fraud, undue influence, or misrepresentation.

The other witness and I, in the presence of John James Henderson, and each other, now affix our signatures as witnesses to this Revocation of Durable Power of Attorney for Health Care and

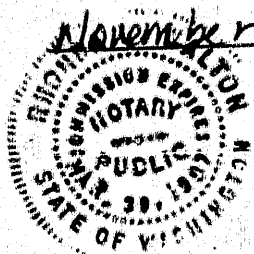
Revocation of Durable Power of Attorney
for Health Care and Appointment of
Health Care Representative, and
Revocation of All Other Powers of Attorney - 2

Appointment of Health Care Representative, and Revocation of All Other Powers of Attorney, and make this Affidavit.

Keith Lay residing at 205 3RD ST LYLE, WA 98835

Brenda G. Aida residing at 851 Snowden Rd, White Salmon, WA 98672

Subscribed and sworn to before me this 16th day of



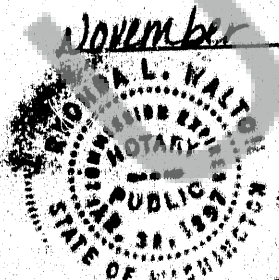
November 1995.

Rhonda L. Walton
Notary Public in and for the
State of Washington, residing
at Hood River OR

(STATE OF WASHINGTON)
County of Klickitat) ss.

On this day personally appeared before me **John James Henderson**, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me that he signed the same as his free and voluntary act and deed for the purposes therein mentioned.

GIVEN under my hand and official seal this 16th day of



November 1995.

Rhonda L. Walton
Notary Public in and for the
State of Washington, residing
at Hood River OR

Revocation of Durable Power of Attorney
for Health Care and Appointment of
Health Care Representative, and
Revocation of All Other Powers of Attorney - 3