

DURABLE GENERAL POWER OF ATTORNEY

THE UNDERSIGNED, MARGARET L. HENDRICKSON, designates the following named person as attorney in fact for the undersigned MARGARET L. HENDRICKSON, as the principal.

1. DESIGNATION: JAMES L. HENDRICKSON and MIKAL E. HENDRICKSON are designated as attorneys in fact of the principal.

2. POWERS: The attorneys in fact, as fiduciaries, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without of the State of Washington. The attorneys in fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by the principal, unless the document authorizes changes with the approval of a court of law.

3. PURPOSES: The attorneys in fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the disabled or incompetent principal, including, but not limited to, the authority to decide whether or not artificial nutrition and hydration shall be withheld or withdrawn; whether organs shall be donated following the death of the principal, and authority to consent to an autopsy in the event the physician requests permission to perform the same.

4. EFFECTIVENESS: This power of attorney shall not be affected by the disability of the principal. Disability shall include the inability of principal to manage his property and affairs effectively for reasons such as mental disability, physical illness or disability or confinement.

5. DURATION: The durable general power of attorney herein becomes effective immediately and shall remain in effect to the extent permitted by R.C.W. 11.94.010 or until revoked or terminated.

6. TERMINATION: This power of attorney shall continue in effect until revoked or terminated by either the principal, a court-appointed guardian, court order or by the death of the principal.

7. APPOINTMENT OF A GUARDIAN: In the event appointment of a guardian or a limited guardian for principal or for principal's estate becomes necessary, the undersigned hereby nominates and appoints, for consideration by the court, MIKAL E. HENDRICKSON as such guardian. If a guardian is appointed for the principal, the attorneys in fact, during the continuance of the appointment, shall account to the guardian rather than the principal. The guardian shall have the same power the principal would have had if the principal were not disabled or incompetent, to revoke, suspend or terminate all or any part of the power of attorney.

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SKAMANIA CO. WASH
BY *Kirpinski & Assoc*

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P. J. Olson
AUDITOR
1 GARY M. OLSON

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8. RELIANCE: The designated and acting attorneys-in-fact and all persons dealing with the attorneys-in-fact shall be entitled to rely on this power of attorney so long as neither the attorney in fact nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representative of the principal.

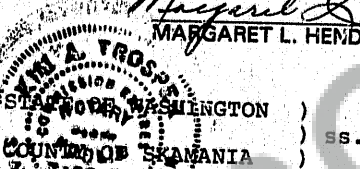
9. ACCOUNTING: The attorneys-in-fact shall be required to account to any subsequently appointed personal representative.

10. APPLICABLE LAW: The laws of the State of Washington shall govern this power of attorney.

11. EXECUTION: This power of attorney is signed in duplicate this 17th day of January, 1996, to become effective immediately.

12 SIGNATURE AND ADDRESS:

Margaret L. Hendrickson
MARGARET L. HENDRICKSON



13 I, this is to certify that on January 17, 1996, before me, the
14 undersigned Notary Public, personally appeared MARGARET L. HENDRICKSON,
15 to me known to be the principal described in and who executed the
16 foregoing DURABLE POWER OF ATTORNEY, and acknowledged to me that she
17 signed and sealed the same as her free and voluntary act and deed, for
18 the purposes and uses therein described.

19 IN WITNESS WHEREOF, I have hereunto set my hand and affixed
20 my official seal the day and year first above written.

Kim A. Trospen
KIM A. TROSPER
NOTARY PUBLIC in and for the
State of Washington.
My commission expires 3/25/98

MAX D. ANDERSON
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