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OKOWAY

AUDITOF

AFTER RECORDING MAIL TO: GARY M. OLSON Name GEORGE COOK Address PO BOX123 City/State UNDERWOOD. WA 98651 Document Title(s): (or transactions contained therein) 1. POWER OF ATTORNEY First American Title Insurance Company Reference Number(s) of Documents assigned or released: ☐ Additional numbers on page _ of document (this space for title company use only) Grantor(s): (Last name first, then first name and initials) 1.THERESE CECILE COOK 2.650fbE LESTER COOK 5. Additional names on page _____ of document Grantee(s): (Last name first, then first name and initials) 1.6EO ROE LESTER COOK 5. Additional names on page _____ of document Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter) LOT 10 95 44 HELT of LOT 9, ORINGTON HEIGHTS ☐ Ccmplete legal description is on page _____ of document Assessor's Property Tax Parcel / Account Number(s): 03-10-21-3-2-0106-00

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

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DURABLE POWER OF ATTORNEY

I, THERESE CECILE COOK, as principal, do hereby appoint my husband, GEORGE LESTER COOK, my attorney in fact with full power and authority to do and perform all acts in my place and stead as fully as I might do and perform such acts as principal, including, but not limited to, all acts in regard to the sale, purchase, lease, mortgage, exchange and conveyance of all property, whether real, personal or mixed.

It is my intent that the authority herein conferred by this power of attorney shall become effective upon my disability or incapacity at law. Disability shall be evidenced by a written statement by two qualified physicians then attending me.

All acts done by my attorney in fact during any period of my disability or incapacity at law or uncertainty as to whether I am dead or alive shall have the same effect and inure to my benefit and bind me or my guardian or heirs, devisees, and personal representative as if I were alive, competent and not disabled.

Dated this 2 day of September, 1989.

STATE OF WASHINGTON) County of Klickitat)

I certify that I know or have satisfactory evidence "that THERESE CECILE COOK signed this instrument and acknowled it to. be her free and voluntary act for the uses and purposes mertioned in the instrument. Dated this 26 day of september, 1989.

Notary Public for Washington residing at White Salmon, therein. Will STAT My commission expires: April 23, 1992.

ROBERT D. WEISFIELD Attorney-at-Law 27 P.O. Box 421

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