

## Return Address:

Paul E. Caryl  
540 NE Pine St.  
Stevenson WA 98648

FILED FOR RECORD  
SKAMANA CO. WASH  
BY *Paul E. Caryl*

AUG 20 12 00 PM '97

*P. Olson*  
AUDITOR  
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. *Power of Attorney*
- 2.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. *Caryl, Paul E.*
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. *Caryl, Paul E.*
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

☐ Complete legal on page \_\_\_\_ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax Parcel ID is not yet assigned.

☐ Additional parcel #'s on page \_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.