

FILED FOR RECORD  
SKAMANIA CO. WASH.  
BY Connie Chidester

Nov 1 12 30 PM '00

P. Laury  
AUDITOR  
GARY M. OLSON

Return Address:

Connie Chidester  
P.O. Box 163  
Stevenson WA 98648

## SPECIAL POWER OF ATTORNEY (With Durable Provisions)

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 45.04) 1/87: (please print last name first)

Reference # (if applicable): \_\_\_\_\_

Grantor(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_ Addl. on pg. \_\_\_\_\_

Grantee(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Addl. on page \_\_\_\_\_ Legal Description (abbreviated): \_\_\_\_\_

Addl. legal is on page \_\_\_\_\_ Assessor's Property Tax Parcel /Account # \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS: That Connie I. Chidester  
residing at 501 Rock Creek Dr. #6, City of Stevenson  
County of SKAMANIA, State of WASH., 98648 made, constituted and  
appointed, and by these presents I make, constitute and appoint Sandra M. Long  
of the City of Stevenson, County of SKAMANIA, State of WASH.  
my true and lawful attorney for me and in my name, place and stead, and for my  
use and benefit

To Cash Monthly SSI check  
and pay my bills

Signature  
of Grantor  
Connie I. Chidester  
Witness  
Sandra M. Long  
Notary  
GARY M. OLSON

GIVING AND GRANTING unto the said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to the execution of the powers herein granted, as fully to all intents and purposes as I might or could do if personally present, I, Connie I. Chidester hereby ratifying and confirming all that the said attorney Sandra M. Long shall lawfully do or cause to be done by virtue of these presents.



Special Power of Attorney-With Durable Provisions  
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

This power of Attorney ☐ shall be revoked upon ☐ shall become effective upon ☐ shall not be affected by disability of the principal, and shall otherwise ☒ continue in full force and effect until revoked by subsequent writing ☐ become null and void after the 7 day of Nov. 00, 00.

(Optional) The said \_\_\_\_\_ further nominates \_\_\_\_\_ as guardian of \_\_\_\_\_ estate and person for consideration by the court if protective proceedings for \_\_\_\_\_ state or person are hereafter commenced.

In Witness Whereof, \_\_\_\_\_ have hereunto set \_\_\_\_\_ hand \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Connie Chidester

Signed and Delivered in the Presence of

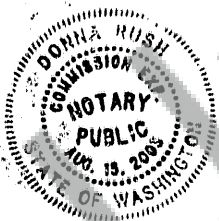
R. Ellen Henderson  
Sandra M. Long

STATE OF WASHINGTON

County of Skamania } ss. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Connie Chidester is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 15<sup>th</sup> day of November, 2000.



Donna Rush  
Print Name DONNA RUSH  
Notary Public in and for the State of WASH  
My appointment expires: 8-15-03