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SKAMANIA CO. WASH
BY Kerrie Hubbard

SEP 21 1 27 PM '01
AUDITOR
GARY M. OLSON

Return Address:

KERRIE HUBBARD
PO BOX 2873
Clackamas, OR 97015

REVOCATION OF POWER OF ATTORNEY

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): AF #135314 Vol. 189 Pg 892

Grantor(s) (Principal): (1) KERRIE K HUBBARD (2) _____ Addl'. on pg ___

Grantee(s) (Attorney in Fact): (1) the public (2) _____

Addl'. on pg ___ Legal Description (abbreviated): _____

Addl'. legal is on pg: _____ Assessor's Property Tax Parcel /Account # _____

KNOW ALL PERSONS BY THESE PRESENTS: That whereas, KERRIE K HUBBARD did, in and by power of attorney dated the 14th day of MAY, constitute and appoint DENISE McGRATH, my true and lawful attorney for me and in my name to _____

As by said power of attorney appears:

Now therefore, I the said KERRIE K. HUBBARD by these presents do hereby revoke, countermand, annul, and make void, the same power of attorney dated the 14th day of MAY, 1998, and all power therein and thereby, or in any manner given or intended to be given the said DENISE McGRATH.

In Witness Whereof, I have hereunto set my hand this 21st day of September, 2001.

Kerrie K Hubbard

STATE OF WASHINGTON,
County of Skamania } ss. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that KERRIE K. HUBBARD 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 21 day of Sept 2001.

Gary M Olson

Print Name GARY M. OLSON
Notary Public in and for the State of WASHINGTON
My appointment expires: 10-31-04

GARY M. OLSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 10-31-04