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Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Durable Power of Attorney

2. _____

3. _____

4. _____

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

1. Dillingham, Randall Dean

2. _____

3. _____

4. _____

Additional Names on Page _____ of Document.

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

1. Dillingham, Cynthia Lee

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 Document 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 Numbers on Page _____ of Document.

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

DURABLE POWER OF ATTORNEY

1. *Designation of Attorney-in-Fact.* I, RANDALL DEAN DILLINGHAM, domiciled and residing in the State of Washington, hereby designate my wife, CYNTHIA LOU DILLINGHAM, as my attorney-in-fact. In the event she is unable to so act I appoint ROBERT AND DEBRA BETTS as my attorney-in-fact.
2. *Powers of Attorney-in-Fact.* My attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over my estate, whether situated within or without the State of Washington and my liabilities wherever incurred. The power shall include authority to purchase, convey, mortgage, lease and take any other action with respect to any real estate. In the event I become disabled or incompetent, my attorney-in fact shall have all powers as are necessary or desirable to provide for my support, maintenance and health, and to consent to health care as provided in RCWA 7.70. I give my attorney-in-fact the power to make gifts of my property to my descendants. My attorney-in-fact is also authorized to disclaim any or all of the assets, which I might be entitled to as a beneficiary. I hereby nominate my attorney-in-fact as the guardian of my estate and person in the event a guardianship is established.
3. *Effectiveness.* This power of attorney shall become effective immediately and in the event I become disabled or incompetent. Disability shall include the inability to manage my property and affairs effectively for reasons such as mental illness, or deficiency, physical illness or disability, advanced age, confinement or detention by a foreign power or disappearance. Disability may be evidenced by the written statement of a qualified physician or by another competent person with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a court having proper jurisdiction.
4. *Duration.* This power of attorney shall remain in effect until revoked or terminated under Paragraph 5, notwithstanding any uncertainty as to whether I am dead or alive. This power of attorney shall not be affected by disability of the principal.
5. *Termination.* This power of attorney may be terminated in the following manner:
 - 5.1 *Revocation.* This power of attorney may be revoked in writing by my giving written notice to the attorney-in-fact, of if applicable, the alternate attorney-in-fact. If this power of attorney has been recorded, the written notice of revocation shall also be recorded.

