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FILED FOR RECORD  
SKAMANIA CO. WASH.  
BY Cheryl Wright

FEB 8 4 00 PM '02

O. L. L. L.  
AUDITOR

J. MICHAEL GARVISON

Return Address:

Cheryl Wright  
PO Box 356  
Carson, WA 98610

Document Title(s) or transactions contained herein:	
Power of Attorney	
GRANTOR(S) (Last name, first name, middle initial)	
Drews, Naomi D.	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial)	
Wright, Cheryl Ann	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	Registered <input checked="" type="checkbox"/> Ordered the <input checked="" type="checkbox"/> Indexed <input checked="" type="checkbox"/> Filed <input checked="" type="checkbox"/> Noted <input checked="" type="checkbox"/>
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers 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.	
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.	
Company Name: Cheryl Wright	
Signature/Title: Cheryl Wright	

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STATE OF OREGON,

County of \_\_\_\_\_

} ss.

## POWER OF ATTORNEY

Naomi D. Drews

To

Cheryl Ann Wright

SPACE RESERVED  
FOR  
RECORDER'S USE

I certify that the within instrument was received for recording on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in book/ree/ volume No. \_\_\_\_\_ on page \_\_\_\_\_ and/or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy.

After recording, return to (Name, Address, Zip):

KNOW ALL BY THESE PRESENTS that I, Naomi D. Drewshave made, constituted and appointed, and by these presents do hereby make, constitute and appoint Cheryl Ann Wright

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit; to demand, sue for, recover, collect and receive all sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, hereditaments, and accept the seisin and possession thereof and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my attorney shall think fit; to sell, transfer and deliver all or any shares of stock owned by me in any corporation for any price and to receive payment therefor; and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of and whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests; to have access to my safe deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order; to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also to sell any of my real property located in the state of

Washington and/or the state of Nebraska.

GIVING AND GRANTING unto my attorney the full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect (delete inapplicable phrase):

(a) on the date next written below;

(b) on the date I am adjudged incompetent by a court of proper jurisdiction.

If neither phrase is deleted, this power shall take effect on the date next written below.

My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

In construing this instrument, and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, I have hereunto set my hand on 11/30/01

Naomi D. Drews  
Naomi D. Drews

STATE OF OREGON, County of Hood River

) ss.

This instrument was acknowledged before me on 11/30/01by Naomi D. Drews

Co L Acker  
Notary Public for Oregon

My commission expires \_\_\_\_\_