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BOOK 233 PAGE 434

FILED IN BOOK  
SKAMIA CO. WASH.  
BY SKAMIA CO. TITLE

DEC 10 11 19 AM '02

J. MICHAEL GARRISON

When recorded, mail to:

Name: Wind Mountain Dev.Address: 72 Desolation Rd.City/State/Zip Code: Stevenson, WA  
98648

Space above this line for Recorder's use

SCTL 25246

SPECIAL DURABLE FINANCIAL  
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, Philip H. Barnesthe undersigned principal, whose address is 3925 E. Paseo Verde, Tucson,  
Arizona 85711 by this instrument, hereby constitute and appoint  
Gerald A. Barnes, whose address is  
62 Desolation Road, Stevenson, Washington 98648as my Agent to act in my name, place and stead, and for my use and benefit as if I were personally present to  
transact such business and perform every act requisite and necessary to: conduct the  
business of Wind Mountain Development LLC, a limited  
liability company of which I am 75% owner.

FURTHERMORE, I specifically authorize my above named Agent to:

- a) buy, sell, contract, receive, possess, transfer, lease, let, demise, remise, release, encumber, hypothecate or mortgage, whichever is applicable to accomplish the objectives heretofore described.
- b) sign, seal deliver or otherwise execute and/or acknowledge any and all instruments, papers or documents requisite and necessary to accomplish the objectives heretofore described.
- c) Other authority(ies) not previously mentioned include: \_\_\_\_\_

GIVING AND GRANTING unto said Agent, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Special Power of Attorney, and therefore, I hereby ratify and confirm every act that said Agent shall lawfully do or cause to be done by virtue of these presents.

The validity of this Special Power of Attorney shall not be affected by my subsequent disability, incapacity or the lapse of time, and shall continue in full force and effect during my lifetime, unless sooner revoked or terminated by me in writing.

(Continued on Back Side)

IN WITNESS WHEREOF, I, have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_

Eileen P. Salcido  
 Signature of Witness  
777 S. Alvarado  
 Address of Witness  
Tucson, AZ 85711  
 City/State/Zip Code

Philip H. Barnes  
 Signature of Principal  
3925 E. Paseo Verde  
 Address of Principal  
Tucson, AZ 85711  
 City/State/Zip Code

## ACKNOWLEDGMENT OF PRINCIPAL

I, Philip H. Barnes, the principal, sign my name to this power of attorney this 11th day of January, 2002, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Philip Barnes  
 Signature of Principal

## AFFIDAVIT OF WITNESS

I, Eileen P. Salcido, the witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Eileen P. Salcido  
 Signature of Witness

State of Arizona )  
 County of Pima ) ss.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by Philip Barnes, the principal, and subscribed and sworn to before me by Eileen P. Salcido, the witness, this 11 day of January, 2002.  
 My Commission Expires: 2-19-2002

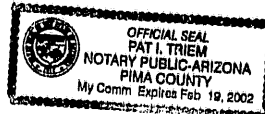
Pat J. Triem  
 Notary Public

If acknowledged in State of Florida, complete section below:  
 (Principal) ☐ Personally Known (or) ☐ Produced Identification

If applicable Type of Identification Produced: \_\_\_\_\_

(Witness) ☐ Personally Known (or) ☐ Produced Identification

If applicable, Type of Identification Produced: \_\_\_\_\_



RECORDER'S NOTE:  
 NOT AN ORIGINAL DOCUMENT