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STAFF  
M. Lesh

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Samoser  
J. MICHAEL S. SONS

## Return Address:

LESH, M. D.

P.O. Box 809

CARSON, WA 98610

Document Title(s) or transactions contained herein:

POWER OF ATTORNEY

GRANTOR(S) (Last name, first name, middle initial)

RUTHERFORD CHERRIE, L.

☐ Additional names on page \_\_\_\_\_ of document.

GRANTEE(S) (Last name, first name, middle initial)

DUPUIS GLORIA J.

☐ Additional names on page \_\_\_\_\_ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

N/A

☐ Complete legal on page \_\_\_\_\_ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

N/A

☐ Additional numbers on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

N/A

☐ 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 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:

Signature/Title:

Michael D. Lesh

## GENERAL POWER OF ATTORNEY

**PREAMBLE:** This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

## KNOW ALL PERSONS BY THESE PRESENTS:

That I, CHURCH L. PLUMMER, Social Security Number 542-78-5328, of the State of WASHINGTON, currently in the state of GEORGIA, do hereby appoint GLORIA S. DUPUIS, in the state of OREGON, my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and in my behalf. Such acts shall include:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interest. This shall include, but not be limited to, the authority to present a claim against the United States for damage to loss of personal property.
5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.
6. To demand, act to receive, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository of the United States or any state, possession, or territory of the United States.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my Agent shall have no rights or powers hereunder with respect to the following:

- a. Life Insurance: My Attorney shall have no rights or powers hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.
- b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placements of notices, which may the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on 11 FEB 2005

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, 11 FEB 2003

C. J. Rutledge (L.S.)

Signed, sealed and declared in the presence of:

WITNESS

State of GEORGIA

County of CHATTAHOOCHEE

Subscribed, sworn to and acknowledged before me by CHARLIE L. RUTLEDGE on 11 FEB 2003

WITNESS

Trisha Bessman

NOTARY PUBLIC

SABRINA RANDALL

NOTARY PUBLIC, MUSCOGEE COUNTY, GEORGIA  
MY COMMISSION EXPIRES FEBRUARY 23, 2004

My Commission Expires: \_\_\_\_\_



## USAA Deployment Power of Attorney Form

## Instructions

If you decide to use this Deployment Power of Attorney form, please be sure you have complied with each of the following requirements:

1. All applicable blanks must be filled in.
2. The person you have designated as your Attorney-in-Fact must provide a sample signature in Section 6 of the form.
3. Your signature must be witnessed and certified by a notary or military officer authorized to administer oaths.
4. You must include a termination date.

If you have any questions on how to complete this form, please contact your attorney.

For priority processing, it is important you return the complete DEPLOYMENT POWER OF ATTORNEY form in the enclosed envelope. Or Fax this printed form to 1-800-531-8877.

## DEPLOYMENT POWER OF ATTORNEY

This Deployment Power of Attorney will allow USAA and its affiliated companies to treat the signature of someone you designate as though it were your signature. For example, you may want someone to have access to the cash value of your life insurance policy or to take care of your auto and property business. If you have a military power of attorney (acceptable in most cases) or a power of attorney already on file at USAA, you may want to review it with your attorney to be sure it covers all your needs.

This Deployment Power of Attorney is intended to be used by members who are called to active or rapid military deployment to permit another person to conduct all transactions on personal USAA accounts that you, as Grantor, could conduct yourself. For business accounts, trust accounts or other non-person accounts, other documents and applicable laws may limit your ability to grant this authority to another person. In such instances you should consult with an attorney as to the scope of your ability to grant such authority. The use of this form is limited to USAA business only and would not be considered a general power of attorney. Carefully read any power of attorney form before you sign it. Be sure you consult your attorney regarding its purpose and the legal rights that are affected by the grant of such power to another person. Your particular circumstances may indicate the need for granting either broader or more restrictive rights than are provided for in this form. In the event of death, a power of attorney will terminate. Be sure you have a will in force to take care of your interests.

The USAA DEPLOYMENT POWER OF ATTORNEY form will be accepted by all USAA companies and is sufficient for most business transactions with USAA companies. EXCEPTIONS INCLUDE:

- Stock transfers. Stock transfer agents for Discount Brokerage Services or mutual fund accounts may require a separate designation for your representative to execute a stock power before allowing him or her to trade.
- If checkwriting privileges are needed on accounts with the USAA Federal Savings Bank and on mutual fund accounts with USAA Investment Management Company, separate signature cards will be sent to the person you have granted limited powers to your account(s).

## DEPLOYMENT POWER OF ATTORNEY FOR SPECIFIC PURPOSES: BUSINESS TRANSACTIONS WITH USAA COMPANIES

USAA Number 17662874 Social Security Number 542-78-5328  
I, CHERIE L. PATHERPOLO (GRANTOR), a legal resident of CARSON (City), WA (State)  
 and presently stationed or residing at GTHO, CUBA desiring to execute this DEPLOYMENT POWER OF ATTORNEY,  
 do hereby appoint GLORIA J. DUPUIS whose address is 3418 CINDERELLA CT, MILWAUKEE, WI and social  
 security number is \_\_\_\_\_ as my Attorney-in-Fact, for me and in my name, to do all acts whatsoever concerning my property, accounts,  
 policies and business relationships maintained, issued, managed, administered or held by United Services Automobile Association, or any of its subsidiaries or affiliates  
 (USAA) necessary and advisable in the judgment of my said Attorney-in-Fact and as permitted by state law, as fully as I could do if personally present and acting, including,  
 but not limited to:

## 1. INVESTMENT TRANSACTIONS

To pay all accounts, legacies, bequests, interest, dividends, annuities, demands, debts, taxes, and any and all other obligations, which may now or hereafter be due, owing or payable by or to me, and to carry on and transact every kind of business on my behalf, including, but not limited to transactions concerning any and all investments, and to invest and reinvest and exchange investments, and to execute and deliver good and sufficient instruments for the accomplishment thereof, and to act as my attorney or proxy with respect to any stocks, shares, bonds or other investments, rights or interests as I may now or hereafter hold.

## 2. BANKING TRANSACTIONS

- (a) To deposit or withdraw for any purpose, in or from any bank or other financial institution, any funds, checks, or other credits which I now or hereafter may have on deposit or be entitled to, and to endorse, cash and receive the proceeds of any and all checks, vouchers, or other orders for money, to open or close accounts, and to receive statements, vouchers, notices or other documents from any bank or other financial institution concerning any and all accounts or banking transactions in my name or in which I may have an interest;
- (b) To have access for all purposes to any or all safety deposit boxes or vaults rented in my name or in the names of any other person or persons and myself, with full power to use the same for safekeeping any property or papers, and to remove there from any time, or from time to time, all or any part of the contents of any such box or vault; and
- (c) To borrow money on my behalf and pledge as security real or personal property of mine necessary to borrow, pay, renew, or extend the time of payment of a debt of mine.

## 3. INSURANCE TRANSACTIONS

- (a) To pay the premiums on, terminate, or exercise any rights on any contract of insurance presently owned by me or hereafter acquired;
- (b) Subject to underwriting requirements, to procure different, or additional contracts of insurance on my life or with respect to protecting me or my property from ill health, disability, accident, liability, or loss;
- (c) To apply for, and receive, any loan on the security of any contract of insurance, to surrender and receive the cash surrender value, to exercise any election or conversion rights, and to demand, receive or obtain any money, dividend or other thing of value to which I am or to which I may become entitled as the proceeds or other return or profit arising out of any contract of insurance or of any one or more of the insurance transactions herein enumerated;
- (d) To establish or change policy and billing addresses;
- (e) To receive all notices normally provided to the named insured;
- (f) To amend any policy;

- (h) To do all things necessary to the settlement of a claim, including the execution or release; and  
 (i) To vote or designate a proxy to vote in matters placed before the members of USAA.

#### 4. GENERAL PROVISIONS

- (a) All business transacted for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my Attorney-in-Fact for the purpose of carrying out any of the foregoing powers, shall contain my name, followed by that of my Attorney-in-Fact and the designation, "Attorney-in-Fact." Additionally, I authorize my Attorney-in-Fact to use my member number, password and personal identification number (PIN) to register and/or access the usaa.com website.  
 (b) I hereby ratify and confirm all lawful acts done and caused to be done by my said Attorney-in-Fact pursuant to this Deployment Power of Attorney.  
 (c) This Deployment Power of Attorney is not affected by my subsequent disability or incapacity.  
 (d) If the authority contained herein shall be revoked or terminated by operation of law without notice, I hereby agree for myself, executor, administrators, heirs and assigns, in consideration of my attorney's willingness to act pursuant to this Deployment Power of Attorney, to save and hold my attorney harmless from any loss suffered or any liability incurred by my Attorney-in-Fact in so acting after such revocation or termination without notice. Also, I will not hold USAA responsible for following the instructions of my Attorney-in-Fact. Revocation of this Power of Attorney is not effective until USAA receives actual notice of the revocation.  
 (e) Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action" or "prisoner of war", then this Deployment Power of Attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to United States Military control following termination of such status.

#### 5. TERMINATION

Unless sooner revoked or terminated by me by written notice addressed to USAA Building, San Antonio, Texas 78288, this Deployment Power of Attorney shall become NULL and VOID from and after 11 FEBRUARY, 2005. Upon termination or revocation, I agree to change and/or re-establish my PIN for access to the usaa.com website.

#### 6. ATTORNEY-IN-FACT SIGNATURE

I certify the genuineness of the signature of the Attorney-in-Fact which appears below.

SIGNATURE OF ATTORNEY-IN-FACT

DATE

IN WITNESS WHEREOF, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Christine L. Randolph  
 GRANTOR SIGNATURE

11 KORTLAND RD, PARSONS, LA 78610  
 ADDRESS

Trisha L. Bassbar  
 WITNESS SIGNATURE DATE

911 Larkspur Lane St. Marys GA 31558  
 WITNESS ADDRESS

#### IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:

STATE OF Georgia

(COUNTY) (CITY) (PARISH) Chattahoochee

I, Sabrina Randall

A Notary Public in and for the (County) (City) (Parish) and State aforesaid.

do hereby certify that on the 11th day of Feb, 2005, before me personally appeared CHRISTINE L. RANDOLPH (GRANTOR)

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this day and year above.

SABRINA RANDALL

NOTARY PUBLIC

NOTARY PUBLIC, MUSCOGEE COUNTY, GEORGIA

MY COMMISSION EXPIRES FEBRUARY 23, 2004

My Commission Expires

IF ACKNOWLEDGED BEFORE A MILITARY PERSON AUTHORIZED TO ADMINISTER OATHS: (See AFR 110-6 for statutory provisions authorizing Armed Forces Personnel to perform Notarial Acts and for instructions on completing certificate of acknowledgement.) With the United States Armed Forces at \_\_\_\_\_, I, \_\_\_\_\_, the undersigned officer

do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared \_\_\_\_\_, (GRANTOR), who signed and executed the foregoing instrument. I do further certify that I am at the date of this certificate a commissioned officer of the grade, branch of service and organization stated below in the active service of the United States Armed Forces, that by statute no seal is required on this certificate and that same is executed in my capacity as Assistant Staff Judge Advocate at \_\_\_\_\_.

(ORGANIZATION AND STATION)

(SIGNATURE OF OFFICER)

(NAME, GRADE, ARMED FORCE)



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