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BOOK 247 PAGE 877

FILED FOR RECORD
SKAMANIA CO. CLASH
BY SKAMANIA CO. TITLE

AUG 5 1 13 PM '03

O. Lowry

J. MICHAEL GILSON

AFTER RECORDING MAIL TO:Name James BaileyAddress 1259 Canyon Side Ave.City/State San Ramon, CA 94583SEA 25982

Document Title(s): (or transactions contained therein)

1. Power of Attorney
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Bailey, Mary Dora
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Bailey, James David
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 7 of the Stevenson Park Addition to the Town of Stevenson, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 38, in the County of Skamania, State of Washington.

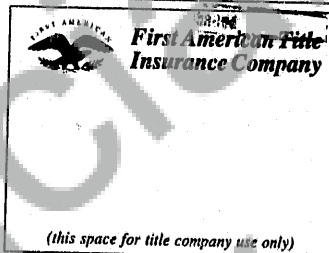
Except the East 2 acres as described by instrument recorded in Book 32, Pg251. Together with an easement along the Southernly 20 feet of the East 2 acres as disclosed by instrument recorded in Book 32, Page 603.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-1-0-2300-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.





3301996

Page: 1 of 2

03/28/2001 08:24A

JAMES BAILEY

POA

9.00

Clark County, WA

JAMES DAVID BAILEY
1259 CANYON SIDE AVE
SAN RAMON, CA 94583.

A205-10
R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Mary Dora Bailey of 517 Beach Street Vancouver, Washington the undersigned Grantor, do hereby make and grant a general power of attorney to James David Bailey of San Ramon, California and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power with/eld.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> MB] | (A) Real estate transactions |
| <input checked="" type="checkbox"/> MB] | (B) Tangible personal property transactions |
| <input checked="" type="checkbox"/> MB] | (C) Bond, share and commodity transactions |
| <input checked="" type="checkbox"/> MB] | (D) Banking transactions |
| <input checked="" type="checkbox"/> MB] | (E) Business operating transactions |
| <input checked="" type="checkbox"/> MB] | (F) Insurance transactions |
| <input checked="" type="checkbox"/> MB] | (G) Gifts to charities and individuals other than Attorney-in-Fact/Agent |
| <input checked="" type="checkbox"/> M] | (If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| <input checked="" type="checkbox"/> MB] | (H) Claims and litigation |



3301996

Page: 2 of 2

03/26/2001 08:24A

Clark County, WA

MB.1 (I) Personal relationships and affairs

~~MB.1 (J) Benefits from military service~~

MB.1 (K) Records, reports and statements

MB.1 (L) Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select

MB.1 (M) Access to safe deposit box(es)

~~MB.1 (N) To execute and/or assign procedures (policy, will, etc.)~~

MB.1 (O) All other matters

Durable Provision:

MB.1 (P) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms: Power of Attorney in-fact shall only be

Granted to Donald Eugene Bailey, beyond James D. BAILEY as stipulated in this Document

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 24 day of MARCH, 2001 (year).

Signed in the presence of:

Chris J. Barber

Witness

James P. Becker

Witness

Mary D. Bailey

Grantor

James D. Bailey

Attorney-in-Fact/Agent

State of Washington

County of Clark

On 3-24-01

before me,

Keri L. Flores

appear:

MARY Dora Bailey, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Keri L. Flores

(Seal)

Affiant Known ☒ Produced ID

Type of ID Wa OR ID by

If your state requires 8 1/2" x 11" forms, check this page at the dotted line.