

BOOK 255 PAGE 5/2

FILED IN RECORD  
SEARCHED INDEXED  
CLARK COUNTY TITLE

Clark County Title  
700 NE 4th Ave  
Camas WA 98607

DEC 12 10 54 AM '03

*J. Maser*  
J. MASER

Handwritten notes on a piece of paper, including the word "United" and a checkmark.

Document Title(s)  
Special Power of Attorney  
Reference Numbers(s) of related documents:

**Reference Numbers(s) of related documents:**

Additional Reference #'s on page \_\_\_\_\_

ESPINOSA VICTOR

Additional grantors on page 10

MADURRIS, NABIL

Additional grantees on page 10

**Legal Description** (abbreviated form: 1/2, lot, bloc's, plat or section, township, range, quarter/quarter)

LOT(S) 11 OF WHISPERING HILLS RIVER ESTATES

**Additional legal is on page** Continued on page 10

**Assessor's Property Tax Parcel/Account Number**  
0000000000

02-05-15-1-0-0301-00

Additional parcel #'s on page \_\_\_\_\_

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. Additional parcel #'s on page \_\_\_\_\_

**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.**

Signature of Requesting Party

AFTER RECORDING MAIL TO:

Name Clark County Title, Camas

Address 700 N.E. 4th Avenue, Suite 201

City, State, Zip Camas, WA 98607

**SPECIAL POWER OF ATTORNEY  
(PURCHASE/ENCUMBER)**

I, VICTOR ESFINOSA hereby appoint NADEL MUDARRIS as my true and lawful attorney for me and in my name and stead, and for my use and benefit to execute promissory notes, bonds, mortgages, contracts, deeds of trust and any other instruments which may be necessary or proper to purchase and/or encumber the following described real property:

LOT WHISPERING HILLS RIVER ESTATES, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGE 130, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

Assessor's Property Tax Parcel Account Number(s): 02-05-15-1-0-0301-60

Together with any personal property located thereon.

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby; as fully to all intents and purposes as the Grantor might or could do if personally present.

This Special Power of Attorney will cease and be of no further effect after the \_\_\_\_\_ day of \_\_\_\_\_, or six (6) months from the date hereof, whichever first occurs.

day of

**WARNING:** This power of attorney will result in another person having full right to encumber your real and personal property and obligate you to a debt. It is recommended that you obtain counsel from your attorney prior to execution of this document.

DATED this 6<sup>th</sup> day of Dec 2003.

day of Dec

*[Signature]*

State of California

Count. of

Los Angeles

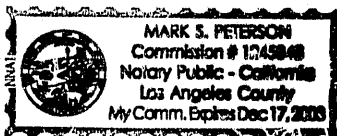
} ss.

On Dec. 6<sup>th</sup>, 2003, before me, Mark S. Peterson

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Victor Espinosa

Name(s) of Signor(s)

☒ personally known to me☐ 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 of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and attachment of this form to another document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Signor(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer**

Signer's Name: \_\_\_\_\_

☐ Individual☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here