

115238

FORM No. 15—POWER OF ATTORNEY.
TK

BOOK 132 PAGE 778

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(3)
(1)

KNOW ALL MEN BY THESE PRESENTS, That I, Alan A. Paget

have made, constituted and appointed and by these presents do make, constitute and appoint Charles R. Williamson

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

Sell, transfer and convey my property located at Lot 10, Block 1, Riverglen, Skamania County and to divide the net proceeds thereof between myself and Charles R. Williamson, 50% each pursuant to our agreement and to sign all documents, deeds and agreements to do these things and

FILED FOR RECORD
BY SKAMANIA CO. TITLE

DEC 31 1991

GARY OLSON

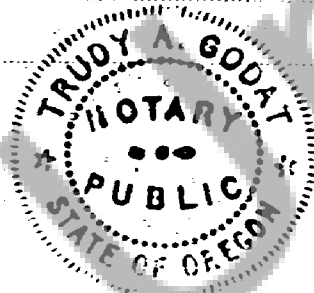
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giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

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

Dated December 31, 1991.

Alan A. Paget



STATE OF OREGON, County of Multnomah) ss.

December 31, 1991.

Personally appeared the above named Alan A. Paget

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me: *Trudy A. Godat*
Notary Public for Oregon. My commission expires 07/09/93

POWER OF ATTORNEY
(FORM No. 15)

Alan A. Paget

TO

Charles R. Williamson

AFTER RECORDING RETURN TO

Charles R. Williamson
1800 Security Pacific Plaza
Portland, OR 97204-1134
NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____, on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of _____ of said County.

Witness my hand and seal of County affixed.

NAME _____ TITLE _____
By _____ Deputy