

CCT 39643①

BOOK 145 PAGE 135

**LIMITED POWER OF ATTORNEY**  
(Durable)

FILED FOR RECORD  
SKAMAHIA CO. WASH  
BY CLARK COUNTY TITLE

120253

KNOW ALL MEN BY THESE PRESENTS, that I, Noel William Plekanec  
residing at 9440 Merkel Road Bowie Maryland

AUG 12 10 16 AM '94  
P. Johnson  
AUDITOR  
GARY M. OLSON

grant a specific and limited power of attorney to Ms. Susan Y King  
residing at 3600 A Street #33 Washougal Washington  
and appoint said individual as my attorney-in-fact.

1. **Scope Of Attorney-In-Fact's Limited Authority.** The attorney-in-fact that I have designated above has full power and authority to perform the following acts on my behalf to the same extent that I could have performed the acts personally, all with full power of substitution and revocation. (Describe specific powers below)

Ms. Susan Y King is authorized to execute any and all documents; that pertain to the purchase of real property in the State of Washington

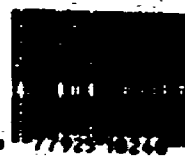
2. **Acceptance Of Grant By Attorney-In-Fact.** By signing this document, my attorney-in-fact accepts the appointment as my attorney-in-fact and agrees to comply with the terms and conditions of this instrument and act in my best interests in a fiduciary capacity. I affirm and ratify all acts of my attorney-in-fact made in his best discretion.

3. **Durable Nature Of Power Of Attorney.** This power of attorney shall not be affected by my subsequent disability or incompetence.

4. **Requirements For Revocation Of Power Of Attorney.** I may revoke this power of attorney by giving written notice to the attorney-in-fact. However, such revocation shall not be effective as to a third party who relies in good faith upon this power of attorney unless such third party has actual or constructive knowledge of the revocation or the revocation has been recorded in the public records where I reside.

5. **Incidental Acts.** My grant of the above-listed specific powers and authorities to my attorney-in-fact shall be construed as including all acts that are reasonably required or necessary to perform the specific authorities set forth in Section 1 above. I agree to reimburse my attorney-in-fact for all expenses incurred in performing the acts required by this power of attorney.

6. **Additional Terms And Conditions.** I hereby impose the following additional terms and conditions on this limited power of attorney: N/A



Registered  
Indexed, Dir  
Indirect  
Filed  
Noted

IN WITNESS WHEREOF, the following parties sign this instrument on this 31 day of May, 1994

[Signature]  
Witness

Noel William Plekanec  
Principal

[Signature]  
Witness

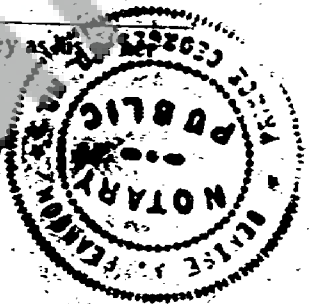
Susan Y. King  
Attorney-In-Fact

STATE OF MD

COUNTY OF PRINCE GEORGE'S SS:

Before me personally appeared Noel William Plekanec  
the above-named Principal who duly acknowledged that he or she executed the foregoing Power of Attorney as his or her free act and deed.

[Signature]  
Notary Public  
My Commission Expires: 1 MAY 1998



STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ SS:

Before me personally appeared \_\_\_\_\_  
the above-named Agent who duly acknowledged that he or she executed the foregoing Power of Attorney as his or her free act and deed.

Notary Public  
My Commission Expires: \_\_\_\_\_

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**LIMITED POWER OF  
ATTORNEY  
(Durable)**

**Noel William Plekanec**  
Principal

**Susan Y. King**  
Attorney-In-Fact

**Dated:**  
**5/31/94**