

124243

BOOK 154 PAGE 791

KNOW ALL MEN BY THESE PRESENTS, That I, Leona C. Logue

do hereby make, constitute and appoint Jerry L. Jones have made, constituted and appointed, and by these presents my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to sell and convey to any party or parties at such price or prices and upon such terms as shall seem meet, all or any portion of the following described real property situate, lying and being in the county of Skamania in the state of Washington and more particularly described, as follows, to-wit:

262 Riverglen Rd.
Washougal, WA 98671

FILED FOR RECORD
SKAMANIA CO. WASH
BY CLARK COUNTY TELS

JAN 9 10 06 AM '96

GARY M. OLSON

with all the privileges and appurtenances thereunto belonging or in anywise appertaining, and for me and in my name to make out, execute, acknowledge and deliver proper deeds of conveyance of the same with or without covenants of seisin, freedom from encumbrances and warranty.

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 in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my said attorney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents.

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

Dated Jan 5, 1996.

Leona C. Logue

STATE OF OREGON, County of Washington

This instrument was acknowledged before me on January 5, 1996.



OFFICIAL SEAL
CINDY HIGHHOUSE
NOTARY PUBLIC - OREGON
COMMISSION NO. 042735
MY COMMISSION EXPIRES MAR 20, 1999

Cindy Highhouse

Notary Public for Oregon

My commission expires 3/29/99

POWER OF ATTORNEY

Leona Logue

TO

AFTER RECORDING RETURN TO

Leona Logue
6435 SW Foulhard
Beaverton, OR 97008

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

Registered ☒
Indexed ☒
Filed ☒
Mailed ☒

STATE OF OREGON,

County of _____ ss.

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 document/fee/file/instrument/microfilm No. _____, Record of _____ of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy