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BOOK 161 PAGE 883

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

JAN 13 2 49 PM '97

*O. Lowry*  
AUDITOR  
GARY H. OLSON

**AFTER RECORDING MAIL TO:**

Name GEORGE COOK

Address PO BOX 123

City/State UNDELMWOOD, WA 98651

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

1. POWER OF ATTORNEY
- 2.
- 3.
- 4.



First American Title  
Insurance Company

**Reference Number(s) of Documents assigned or released:**

☐ Additional numbers on page \_\_\_\_\_ of document

(this space for title company use only)

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

1. THERESE CECILE COOK
2. GEORGE LESTER COOK
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. GEORGE LESTER COOK
- 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 10 & S 44 feet of Lot 9, ORINGTON HEIGHTS

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel / Account Number(s): 03-10-21-3-2-0106-00

**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.

Doc. 3-1-1993

Indexed, ☒

Correct ☒

Filed ☒

Noted ☒



DURABLE POWER OF ATTORNEY

1 I, THERESE CECILE COOK, as principal, do hereby appoint my  
2 husband, GEORGE LESTER COOK, my attorney in fact with full power  
3 and authority to do and perform all acts in my place and stead as  
4 fully as I might do and perform such acts as principal,  
5 including, but not limited to, all acts in regard to the sale,  
6 purchase, lease, mortgage, exchange and conveyance of all  
7 property, whether real, personal or mixed.

8 It is my intent that the authority herein conferred by this  
9 power of attorney shall become effective upon my disability or  
10 incapacity at law. Disability shall be evidenced by a written  
11 statement by two qualified physicians then attending me.

12 All acts done by my attorney in fact during any period of my  
13 disability or incapacity at law or uncertainty as to whether I am  
14 dead or alive shall have the same effect and inure to my benefit  
15 and bind me or my guardian or heirs, devisees, and personal  
16 representative as if I were alive, competent and not disabled.

17 Dated this 26 day of September, 1989.

18 Therese Cecile Cook  
19 THERESE CECILE COOK, Principal

20 STATE OF WASHINGTON)  
21 County of Klickitat)

22 I certify that I know or have satisfactory evidence that  
23 THERESE CECILE COOK signed this instrument and acknowledged it to  
24 be her free and voluntary act for the uses and purposes mentioned  
25 in the instrument.

26 Dated this 26 day of September, 1989.

27 Winifred L. Pennington  
28 Notary Public for Washington  
residing at White Salmon, therein.  
My commission expires: April 23, 1992.

ROBERT D.  
WEISFIELD  
Attorney-at-Law  
P.O. Box 421  
(218 E. Steuben)  
Bingen, WA 98605  
(509) 493-2772