

135480

BOOK 190 PAGE 539
FILED FOR RECORD
SKAMIA COUNTY WASH
BY William Houghton
JUN 21 2 32 PM '99
AMOR
AUDITOR
GARY H. OLSON

Return Address:

William Houghton
P.O. Box 283
Carson, WA 98610

SPECIAL POWER OF ATTORNEY (With Durable Provisions)

Indexing information required by the Washington State Auditor/Recorder's Office, (RCW 36.18 and RCW 68.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s): (1) William A. Houghton (2) _____ Addl' on pg _____

Grantee(s): (1) Kelly Gavra (2) _____

Addl' on page _____ Legal Description (abbreviated): _____

Addl' legal is on page _____ Assessor's Property Tax Parcel /Account # 03-08-17-4-0-3202-00

KNOW ALL PERSONS BY THESE PRESENTS: That William A. Houghton
residing at 1522 B Metzger Rd, City of Carson,
County of Skamania, State of WA, I made, constituted and
appointed, and by these presents do make, constitute and appoint Kelly Gavra,
of the City of Carson, County of Skamania, State of WA
His true and lawful attorney for him, and in His name, place and stead, and for His
use and benefit for the sole purpose of purchasing house and
property of Gen. & Sue Cross.

Upon Mr Houghton's return from Alaska, This Power of attorney
will be revoked.

GIVING AND GRANTING unto His said attorney full power and authority to do and perform all and every act and
thing whatsoever requisite and necessary to the execution of the powers herein granted, as fully to all intents and purposes as
He might or could do if personally present, William A. Houghton hereby ratifying
and confirming all that His said attorney Kelly Gavra shall lawfully do
or cause to be done by virtue of these presents,



Special Power of Attorney-With Durable Provisions
©Washington Legal Blank, Inc., Issaquah, WA Form No. 109 10/96
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

BOOK 190 PAGE 540

This power of Attorney ☐ shall be revoked upon ☒ shall become effective upon ☐ shall not be affected by disability of the principal, and shall otherwise ☐ continue in full force and effect until revoked by subsequent writing ☐ become null and void after the 22nd day of June, 1999.

(Optional) The said _____ further nominates _____ as guardian of _____ estate and person for consideration by the court if protective proceedings for _____ estate or person are hereafter commenced.

In Witness Whereof, _____ have hereunto set _____ hand _____ the _____ day of _____

Signed and Delivered in the Presence of

X William Houghton

STATE OF WASHINGTON,

County of WA

ss. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that William Houghton is the person who appeared before me, and said person acknowledged that _____ signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 21st day of June, 1999

MARY L. McDONNELL
STATE OF WASHINGTON
NOTARY — PUBLIC
My Commission Expires June 1, 2000

Mary L. McDonnell
Print Name Mary L. McDonnell
Notary Public in and for the State of WA
My appointment expires: 6/1/00