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FILED FOR RECORD
SKAMANIA CO. WASH
BY Connie Chidester

Nov 1 12 30 PM '00
Laury
AUDITOR
GARY H. OLSON

Return Address:
Connie Chidester
PO Box 63
Stevenson WA 98648

SPECIAL POWER OF ATTORNEY (With Durable Provisions)

Indexing information required by the Washington State Auditor's Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97. (please print last name first)

Reference # (if applicable): _____

Grantor(s): (1) _____ (2) _____ Addl. on pg. _____

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

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

Addl. legal is on page _____ Assessor's Property Tax Parcel /Account # _____

KNOW ALL PERSONS BY THESE PRESENTS: That Connie J. Chidester
 residing at 501 Rock Creek Dr. #6 City of Stevenson
 County of SKAMANIA State of WASH. 11/1/00 made, constituted and
 appointed, and by these presents I make, constitute and appoint Sandra M. Long
 of the City of Stevenson County of SKAMANIA State of WASH.
my true and lawful attorney for me and in my name, place and stead, and for my
 use and benefit

To Cash Monthly SSI check
and pay my bills

Exp. _____
 Filed _____

GIVING AND GRANTING unto the 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 I might or could do if personally present. I, Connie J. Chidester hereby ratifying and confirming all that the said attorney Sandra M. Long shall lawfully do or cause to be done by virtue of these presents.

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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 7 day of Nov. 00 00.

(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 _____

Connie Chidester

Signed and Delivered in the Presence of

R. Ellen Lenden
Sandra M. Long

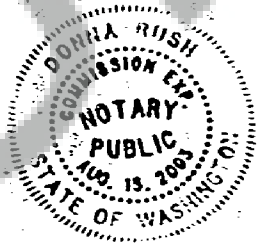
STATE OF WASHINGTON,

County of Skamania

§5. (INDIVIDUAL ACKNOWLEDGEMENT)

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

Dated this 1st day of November, 2000



Donna Riish
Print Name DONNA RIISH
Notary Public in and for the State of WASH
My appointment expires: 8-15-03