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BOOK 218 PAGE 952

RETURN ADDRESS:

Debra VanCamp
PO Box 216
Carson, WA 98610

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SHANNON SMILEY
JAN 3 11 22 AM '07
J. MICHAEL GARVISON

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REC'D

CLERK

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Durable Power of Attorney
- 2.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Smiley Shannon M.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. VanCamp Debra K.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.☐ Additional Parcel Numbers on Page _____ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

DURABLE POWER OF ATTORNEY

1. **Designation of Attorney-in-Fact.** I, SHANNON MACKAY SMILEY, residing in the State of Washington, hereby designate DEBRA KAY VAN CAMP, as my attorney-in-fact.

2. **Powers of Attorney-in-Fact.** My attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over all of my property and affairs whether within or without the State of Washington, and my liabilities, wherever incurred. The power shall include authority to purchase, convey, mortgage, lease and take any other action with respect to any real property. In the event I become disabled or incompetent, my attorney-in-fact shall have all powers that are necessary or desirable to provide for my support, maintenance and health, and to consent to health care as provided in RCW 7.70. I give my attorney-in-fact the power to make gifts of my property.

3. **Effectiveness.** This power of attorney shall become effective on the 3rd day of January, 2002.

4. **Duration.** This power of attorney shall remain in effect until revoked in writing by my giving written notice to the attorney-in-fact, or if applicable, the alternate attorney-in-fact. If this power of attorney has been recorded, the written notice of revocation shall also be recorded. This power of attorney shall not be affected by disability of the principal.

5. **Indemnity.** I and my estate shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith.

6. **Applicable Law.** The laws of the State of Washington, as now or hereafter in effect, shall govern this power of attorney.

7. **Termination.** This power of attorney may be revoked in writing by my giving written notice to the attorney-in-fact. If this power of attorney has been recorded, the written notice of revocation shall also be recorded.

Dated: January 3rd, 2002.

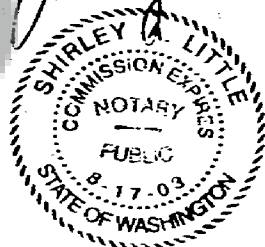
Shannon Smiley
(Signature)
Shannon Smiley
(Print or Type Name)

STATE OF WASHINGTON)

County of Skamania)

I certify that I know or have satisfactory evidence that SHANNON MCKAY SMILEY 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: January 3, 2002.



Shirley A. Little
Notary Public, State of Washington
Residing in Stevenson
My commission expires 8/17/03