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Susan Stauffer

SEP 23 1993

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RETURN TO: Susan A. Stauffer
Attorney at Law
P.O. Box 719
Washougal, WA 98671

DURABLE POWER OF ATTORNEY

The undersigned, **ROBERTA DOSTER** domiciled and residing in the State of Washington, as authorized by the laws of the State of Washington, herewith names, constitutes and appoints **RICHARD DOSTER** as attorney-in-fact for the undersigned. In the event **RICHARD DOSTER** is unable to so act, I then appoint **DAPHNE NELSON** to act as my attorney-in-fact. In the event **DAPHNE NELSON** is unable to so act, I then appoint **CELESTE NELSON** to act as my attorney-in-fact.

1. **POWERS:** The Attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the undersigned, whether located within or without the State of Washington. The Attorney-in-fact shall not have the power to revoke or change any estate planing or testamentary documents previously executed by the undersigned, unless the document authorizes changes with Court approval.
2. **PURPOSE:** The Attorney-in-fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the undersigned.
3. **EFFECTIVENESS:** This power of attorney shall become effective immediately upon the execution of this document.
4. **DURATION:** The Durable Power of Attorney becomes effective as provided in paragraph 3 and shall remain in effect to the extent permitted by RCW 11 of the Probate Act or until revoked or terminated under paragraphs 5 and 6, notwithstanding any uncertainty as to whether the undersigned is dead or alive.
5. **REVOCAION:** This power of attorney may be revoked, suspended or terminated in writing by the undersigned with written notice to the designated Attorney-in-fact and by recording the written instrument of revocation in the office of the Auditor of Clark County, Washington.
6. **TERMINATION:**
 - a) **By Appointment of Guardian:** The appointment of a guardian of the estate of the undersigned vests in the guardian with Court approval, the power to revoke, suspend or

- terminate this Power of Attorney. The appointment of a guardian of the person only, does not empower the guardian to revoke, suspend or terminate this Power of Attorney.
- b) **By Death of the Undersigned:** The death of the undersigned shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the Attorney-in-fact.
7. **ACCOUNTING:** The Attorney-in-fact shall be required to account to any subsequently appointed personal representative.
8. **RELIANCE:** The designated and acting Attorney-in-fact and all persons dealing with the Attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the Attorney-in-fact nor any person with whom he/she was dealing with at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the Power of Attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the undersigned.
9. **INDEMNITY:** The estate of the undersigned shall hold harmless and indemnify the Attorney-in-fact from all liability for acts done in good faith and not in fraud of the undersigned.
10. **APPLICABLE LAWS:** the Laws of the State of Washington shall govern this Power of Attorney.
11. **EXECUTION:** This Power of Attorney is signed in triplicate this 15 day of July, 2003, to become effective as provided in paragraph 3.

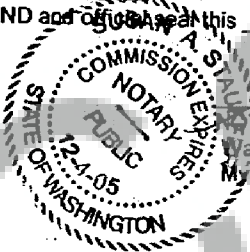
Roberta A. Doster
ROBERTA DOSTER

STATE OF WASHINGTON)

County of Clark)

On this day personally appeared before me ROBERTA DOSTER, known to be the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal this 15 day of July, 2003.



[Signature]
NOTARY PUBLIC in and for the State of Washington, residing at: Washougal. My commission expires: 12/04/05.