

151444

BOOK 255 PAGE 512

RETURN ADDRESS

Clerk County Title  
700 NE 4th AVE  
OASIS WA 98607

CLARK COUNTY TITLE

Dec 12 10 54 AM '03  
AMSER

Please print neatly or type information  
Document Title(s)

Special Power of Attorney

Reference Numbers(s) of related documents:

Grantor(s) (Last, First and Middle Initial)

ESPINOSA, VICTOR

Additional Reference #'s on page \_\_\_\_\_

Grantee(s) (Last, First and Middle Initial)

MAOURIS, NABIL

Additional grantors on page \_\_\_\_\_

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

LOT(S) 11, OF WHISPERING HILLS RIVER ESTATES

Additional grantees on page \_\_\_\_\_

Assessor's Property Tax Parcel/Account Number

02-05-15-1-0-0301-00

Additional legal is on page \_\_\_\_\_

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

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

[Signature]  
Signature of Requesting Party

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AFTER RECORDING MAIL TO:

Name Clark County Title, Camas

Address 700 N.E. 4th Avenue, Suite 201

City, State, Zip Camas, WA 98607

**SPECIAL POWER OF ATTORNEY  
(PURCHASE/ENCUMBER)**

I, VICTOR ESPINOSA hereby appoint NABIL MUDARRIS as my true and lawful attorney for me and in my name and stead, and for my use and benefit to execute promissory notes, bonds, mortgages, contracts, deeds of trust and any other instruments which may be necessary or proper to purchase and/or encumber the following described real property:

LOT WHISPERING HILLS RIVER ESTATES, ACCORDING TO THE PLAT THEREOF,  
RECORDED IN BOOK "A" OF PLATS, PAGE 138, RECORDS OF SKAMANIA COUNTY,  
WASHINGTON.

Assessor's Property Tax Parcel Account Number(s): 02-06-15-1-0-0301-00

Together with any personal property located thereon

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby, as fully to all intents and purposes as the Grantor might or could do if personally present

This Special Power of Attorney will cease and be of no further effect after the \_\_\_\_\_ day of \_\_\_\_\_, or six (6) months from the date hereof, whichever first occurs.

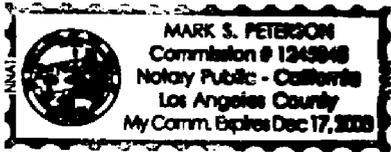
**WARNING:** This power of attorney will result in another person having full right to encumber your real and personal property and obligate you to a debt. It is recommended that you obtain counsel from your attorney prior to execution of this document.

DATED this 6<sup>th</sup> day of Dec  
2007.



State of California  
County of Los Angeles } ss.

On Dec. 6<sup>th</sup>, 2003, before me, Mark S. Peterson  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Victor Espinosa  
Name(s) of Signer(s)



personally known to me  
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Mark S. Peterson  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer**

- Signer's Name: \_\_\_\_\_
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

