

Return Address:

572 SKAMANIA LANDING Rd.
Stevenson, WA. 98648

<i>Document Title(s) or transactions contained herein:</i> Power of Attorney
<i>GRANTOR(S) (Last name, first name, middle initial)</i> Caley, Stephen N. <input type="checkbox"/> Additional names on page _____ of document.
<i>GRANTEE(S) (Last name, first name, middle initial)</i> Caley, Phyllis C. <input type="checkbox"/> Additional names on page _____ of document.
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i> <input type="checkbox"/> Complete legal on page _____ of document.
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i> <input type="checkbox"/> Additional numbers on page _____ of document.
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i> <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

FINANCIAL DURABLE POWER OF ATTORNEY

1. The **GRANTOR** of this Financial Durable Power of Attorney is:

Stephen N. Caley
NAME
572 Skamania Landing Rd.
COMPLETE ADDRESS
Stevenson, WA 98648
CITY, STATE, ZIP

2. The **ATTORNEY-IN-FACT** is:

Phyllis C. Caley
NAME
572 Skamania Landing Rd.
COMPLETE ADDRESS
Stevenson, WA 98648
CITY, STATE, ZIP

3. Creation of this Financial Durable Power of Attorney.

By signing this document, I, Stephen N. Caley, intend to create a durable power of attorney for financial applications only. The durable power of attorney shall not be affected by my subsequent disability or incapacity, and shall remain effective until my death, or until revoked by me in writing.

4. Effective date.

This durable power of attorney shall become effective only in the event that I become incapacitated or disabled so that I am not able to manage my financial affairs in which case it shall become effective as of the date of the written statement by a physician, as provided in Paragraph 5. If the durable power of attorney becomes effective, it shall remain effective during any period when I am incapacitated or disabled until my death, or until revoked by me in writing.

5. Determination of Incapacity.

The determination of whether I have become incapacitated or disabled so that I am not able to manage my financial affairs shall be made in writing by a licensed physician; if possible, the physician shall be Michel C. Liu of Family Physcians Group, Vancouver, WA

In the event that a licensed physician has made a written determination that I have become incapacitated or disabled and am not able to manage my own financial affairs, that written statement shall be attached to the original of this durable power of attorney.

COPY OF ORIGINAL DOCUMENT
Geggy Lowry - Recorder
DEPUTY

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6. Designation of Attorney-in-fact.

If I become incapacitated or disabled so that I am not able to manage my financial affairs, I, Stephen N. Caley hereby appoint Phyllis C. Caley, whose address is above, to be my attorney-in-fact. If Phyllis C. Caley for any reason shall fail to serve or ceases to serve as my attorney-in-fact, then Stephen N. Schatzberg of 425 Gays Dr. Marysville, WA. 98270 shall be my attorney-in-fact.

7. Authority of Attorney-in-fact.

I grant my attorney-in-fact full power and authority over all my property, real and personal, and authorize him or her to do and perform all and every act which I as an owner of said property could do or perform and I hereby ratify and confirm all that my attorney-in-fact shall do or cause to be done under this durable power of attorney.

My attorney-in-fact shall have no authority to give any of my property to, or use any of my property for the benefit of himself or herself.

8. Reliance by Third Parties.

The powers conferred on my attorney-in-fact by this durable power of attorney may be exercised by my attorney-in-fact alone, and my attorney-in-fact's signature or act under the authority granted in this durable power of attorney may be accepted by any third person or organization as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf.

No person or organization who relies on this durable power of attorney or any representation my attorney-in-fact makes regarding himself or herself authority, including, but not limited to:

- a. the fact that this durable power of attorney has not been revoked;
- b. that I, Stephen N. Caley, was competent to execute this durable power of attorney;
- c. the authority of my attorney-in-fact under this durable power of attorney;

shall incur any liability to me, my estate, heirs, successors or assigns because of such reliance on this durable power of attorney or on any such representation by my attorney in fact.

Executed this 10TH day of JUNE, 2004, at

Stephen N. Caley

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WITNESS AFFIDAVIT

STEPHEN CALEY is personally known to me and I believe him/her to be of sound mind and emotionally and legally competent to make the herein-contained document. I am not related to him by blood or marriage, nor would I be entitled to any portion of his or her's estate upon his/her death, nor am I an attending physician of Stephen Caley, nor an employee of the attending physician, nor an employee of a health care facility in which he may be a patient, nor a patient in a health care facility in which he may be a patient, nor am I a person who has any claim against any portion of the estate of the declarant upon his/her death.

[Signature]
My address is: 792 SHAMANA LANDING RD, City of

STEVENS ON, State of WASHINGTON

Mildred P. McDonald

My address is: 792 Skamania, City of

Stevenson, State of Wa

NOTARY AFFIDAVIT

STATE OF Washington

COUNTY OF Skamania

On this day, before me, the undersigned authority, in and for and residing in the above County and State, personally appeared Stephen A. Caley, who is personally known to me to be the same person whose name is subscribed to the forgoing document, and, being duly sworn (he/she) verified that the information contained in the foregoing document is true and correct on personal knowledge and acknowledged that said document was signed as a free and voluntary act.

Subscribed and sworn this 10 day of June, 2004

Debra A. Tennison
NAME AND SIGNATURE

My commission expires on: 3/1/07

