

AFTER RECORDING MAIL TO:

Name Aura Darlene Baird
Address 4617-7th ave. NE
City/State Lacey, WA 98516
SCR 28035

Document Title(s): (or transactions contained therein)

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

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Edwards, Vernon L.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Baird, Aura Darlene
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
The East Half of the Northeast Quarter of the Southwest Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington.
Except that portion conveyed to Skamania County By instrument recorded in Book 104, Page 844.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-09-11-3-0-0600-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



**SPECIAL POWER OF ATTORNEY
FOR
VERNON L. EDWARDS**

I, **VERNON L. EDWARDS**, of Shasta County, California appoint **AURA DARLENE BAIRD** as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following subjects:

Authority to sign my name and act on my behalf with respect to:

1. Accessing the mail box held in the name of BESSIE W. WALKER and taking possession of the contents thereof;
2. To sell, through entering into listings or otherwise, the real property located in Skamania County, State of Washington identified as Parcel 3-9-11-3 Lot 600 and further identified by the Assessment Record attached hereto, and to sign any and all documents needed to close such transaction with respect to my interest in this real property; and
3. To act on my behalf with regard to the real property identified above in any other manner my agent deems appropriate.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge to the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 9TH day of May, 2005.



VERNON L. EDWARDS

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Notarization in accordance with Civil Code Section 1189 or other applicable law:

State of California
County of Shasta

On May 9, 2005 before me, **Barbara J. Wellock**, Notary Public, personally appeared **VERNON L. EDWARDS**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.


Notary Public

