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J. MICHAEL GARVISON
AUDITOR
Fee: \$34.00

AFTER RECORDING RETURN TO:

Nikki C. Hatton
Schwabe, Williamson & Wyatt, P.C.
1211 SW Fifth Avenue, Suite 1800
Portland, OR 97204

COVER SHEET

SCTC 28423

DOCUMENT TITLE: Durable Special Power of Attorney

REFERENCE NUMBER(S):

NAME(S) OF GRANTOR(S): Paul Swann
Lisa J. Manheim

NAME(S) OF GRANTEE(S): Karl M. Manheim

PAGE(S) WHERE ADDITIONAL NAMES CAN BE FOUND: N/A

ABBREVIATED LEGAL DESCRIPTION: LOT 20 BLK 3 WOODARD MARINA ESTATES

ASSESSOR'S PROPERTY TAX PARCEL NUMBER: 02-06-34-1-4-2600-00

LEGAL DESCRIPTION:

LOT 20, BLOCK 3, WOODARD MARINA ESTATES, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK A OF PLATS, PAGE 114, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

DURABLE SPECIAL POWER OF ATTORNEY

I, PAUL SWANN

I, Lisa J. Manheim, hereby make, constitute and appoint Karl M. Manheim, my agent and attorney-in-fact with power and authority to:

Execute and deliver a deed, real estate excite tax affidavit and any and all ancillary documentation necessary or reasonable to effectuate the sale or exchange of the real property located at Lot 20, Block 3, Woodard Marina Estates.

I authorize my attorney-in-fact for me and in my name generally to do and perform all and every act which is necessary or desirable to be done in order to properly sell or exchange such property and to execute and acknowledge any and all instruments necessary or proper to carry out the foregoing powers, hereby releasing all third persons from responsibility for the acts and omissions of my attorney-in-fact.

This instrument is to be construed as a special power of attorney. The enumeration of specific items, rights, acts or powers herein is not intended to nor does it, limit or restrict, and is not to be construed as limiting or restricting, the special powers herein granted to my attorney-in-fact.


Third persons may rely upon the continued validity of this Power of Attorney until receiving actual knowledge of its revocation.

I expressly declare that the powers of my attorney-in-fact herein described shall be exercisable by my attorney-in-fact on my behalf notwithstanding that I may become legally disabled or incompetent.

EXECUTED this _____ day of _____, 2005.
12 OCT 2005



Lisa J. Manheim



PAUL SWANN

[Notary Signature on Following Page]

STATE OF WASHINGTON)
Socialist Republic of Vietnam)
Hanoi) SS } SS
U.S. Embassy)
COUNTY OF _____)

PAUL SWANN

I certify that I know or have satisfactory evidence that LISA J. MANHEIM is the person who appeared before me, and said person acknowledged that said person signed this instrument and acknowledged it to be said person's free and voluntary act for the uses and purposes mentioned in the instrument.

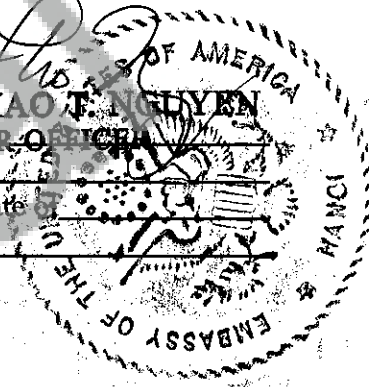
Dated this ____ day of 12 OCT 2005, 2005.


MAI - THAO T. NGUYEN
CONSULAR OFFICER

Printed Name: _____

Notary Public in and for the State of _____

My appointment expires: _____



Unofficial Copy