

AFTER RECORDING MAIL TO:

Name ROBERT GILCHRIST III

Address P.O. BOX 767

City, State, Zip BINGEN, WA 98605

107801-WT

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

I, **ROBERT TREAT GILCHRIST III** hereby appoint **NIKKI L. GILCHRIST** 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:

THE NORTH 2 1/2 ACRES OF THE FOLLOWING DESCRIBED TRACT:

THE SOUTH HALF OF LOT 4, BLOCK 16, MANZANOLA ORCHARD TRACTS, ACCORDING TO THE PLAT THEREOF; SAID REAL PROPERTY BEING ALSO DESCRIBED AS THE SOUTH HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 15, TOWNSHIP 3 NORTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON.

Assessor's Property Tax Parcel Account Number(s): 03 09 15 00 1000 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 _____ day of **FEBRUARY, 2006.**

ROBERT TREAT GILCHRIST III

STATE OF WASHINGTON
COUNTY OF _____

} ss

I certify that I know or have satisfactory evidence that **ROBERT TREAT GILCHRIST III** IS the person[s] who appeared before me, and said person[s] acknowledged it to be HIS free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of Washington
Residing at _____
My appointment expires: _____

AFTER RECORDING MAIL TO:

Name ROBERT GILCHRIST III

Address P.O. BOX 767

City, State, Zip BINGEN, WA 98605

107801-WT

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

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THE NORTH 2 1/2 ACRES OF THE FOLLOWING DESCRIBED TRACT:

THE SOUTH HALF OF LOT 4, BLOCK 16, MANZANOLA ORCHARD TRACTS, ACCORDING TO THE PLAT THEREOF; SAID REAL PROPERTY BEING ALSO DESCRIBED AS THE SOUTH HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 15, TOWNSHIP 3 NORTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON.

Gary H. Martin, Skamania County Assessor

Date 3/2/06 Parcel # 65

Assessor's Property Tax Parcel Account Number(s): 03 09 15 00 1000 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 3RD day of MARCH, 2006, 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 17TH day of FEBRUARY, 2006.

Robert Treat Gilchrist III
ROBERT TREAT GILCHRIST III

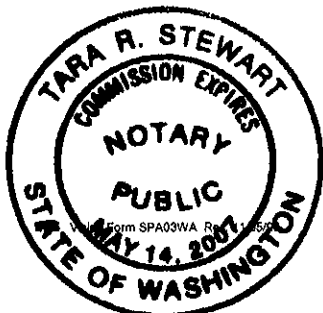
STATE OF WASHINGTON

COUNTY OF Klickitat

ss

I certify that I know or have satisfactory evidence that ROBERT TREAT GILCHRIST III IS the person[s] who appeared before me, and said person[s] acknowledged it to be HIS free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 17-FEB-2006



Tara R. Stewart
Notary Public in and for the State of Washington

Residing at Trieth

My appointment expires: 14-May-2007

LPB-71

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