Doc # 2007165240

Page 1 of 5

Date: 03/07/2007 02:57P

Filed by: SKAMANIA COUNTY TITLE

Filed & Recorded in Official Records
of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$36.88

RETURN ADDRESS ELLINA WILKINS 9532 SE 14TH ST. VANCOUVER, WA 98664

294/6 Document Title(s): POWER OF ATTORNEY

Order Number: 63672

Reference Number(s) of related documents:

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

WILKINS; JOHN

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

WILKINS: ELLINA

Trustee

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter) CABIN 195, NORTHWOODS

Assessor's Property Tax Parcel/Account Number: 96000195

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 process may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

GENERAL POWER OF ATTORNEY

I, John Wilkins, residing at 9532 SE 14th Street, Vancouver, Washington 98664, hereby appoint Ellina Wilkins of 9532 SE 14th Street, Vancouver, Washington 98664, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

If the Agent is unable to serve for any reason, I appoint Julie Boorman, of 1096 Sunset Ridge Drive, San Diego, California 92131, as my alternate or successor Agent, as the case may be to serve with the same powers and discretions.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

- 1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safe deposit box that I might own, including its contents.
- 2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
- 3. Purchase and/or maintain insurance and annuity contracts, including life insurance upon

My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent. but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated March 4, 2002, at Vancouver, Washington	hington.
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John Wilkins

John Willer

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Witness Signature:

Name:

City:

State:

meawer WASHINGTUN

Witness Signature:

Name:

City:

State:

Eleanor M. Westlake

Your sure

WASHINGTON

The foregoing instrument was acknowledged before me this 4th day of	
1/1 n k n k n 2002 by John Wilkins, who is personally known to me or who ha	as
produced Known by Notary as identification.	
as identification.	
TORIA A. C.	
SNOTARY m.	
Signature of person taking acknowledgment	
Signature of person taking acknowledgment	
10 3/1. 29-09. 10 July	
VICTORIA A MART	
Name typed, printed, or stamped	
47 4 7	
MY APPOINTME IT EXPIRES: 4-29-02	
Notary Address:	
12801 NE 38th CINIO	
1/2 11 A 11 11 11 11 11 11 11 11 11 11 11 1	
- Vericon and Tolor	

STATE OF WASHINGTON, COUNTY OF CLARK, ss:

EXHIBIT 'A'

Lot 195, as shown on the Plat entitled Record of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and of record under Auditor File No. 77523, at Page 449, of Book 'J' of Miscellaneous Records of Skamania County, Washington, together with an appurtenant easement as established in writing on said Plat, for the joint use of the areas shown as roadway on the Plat.

Subject to reservations by the United State of America in approved selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23, of Book 52 of Deed, under Auditor File No. 62114, records of Skamania County as follows:

"...the provisions, reservations, conditions and limitations of Section 24, Federal Power Act of June 10, 1920, as amended ... and the prior right of the Untied States, its licenses and permittees to use for power purposes that part withing Power Project No. 2071, 2111 and 264."