

Doc # 2007167004
Page 1 of 2
Date: 07/24/2007 02:34P
Filed by: KATHLEEN FUNK
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$41.00

WHEN RECORDED RETURN TO:

Kathleen L. Funk

101 Stewart Road

Stevenson, WA 98648

DOCUMENT TITLE(S)

General Power of Attorney

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Clyde R. Bristow

☐ Additional names on page ____ of document.

GRANTEE(S):

Kathleen L. Funk

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

☐ Additional parcel numbers on page ____ of document.

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.

General Power Of Attorney

TO ALL PERSONS, be it known, that I, Clyde Richard Bristow, the undersigned principal, do hereby grant a general power of attorney to Kathleen Lynn Funk as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally including but not limited to the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of my future real or personal property; the right to execute, accept, undertake, and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box; the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity; and the right to retain any accountant, attorney, physician or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as in my attorneys best discretion deems advisable, and I affirm and ratify all acts undertaken,

This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney before or after my death shall have full rights to accept the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed under seal this day of July 2, 2007.

Clyde R. Bristow

STATE OF Indiana
COUNTY OF Madison

On July 2, 2007 before me, James Michael Ehringer, personally appeared Clyde R. Bristow, personally known to me (or subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

James Michael Ehringer

Affiant ☒ Known ☐ Unknown

ID Produced Drivers License
(Seal)



RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT