

Return to:  
US Bank, NA  
809 S 60th Street, Suite 210  
West Allis, WI 53214

NOVEMBER 24 2009  
Date

Place of Recording Record & Return by Mail to:

Name \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

Tax Parcel No. 03 08 21 2 0 0706 00

Legal Description is on Page 4 # 706 Section 21

Lot 3N Block 8EWM Plat or Section  
Township Range Quarter/QuarterSection

### Manufactured Home Limited Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS, that I (we),

MARK NEISLER and MARLENE NEISLER

the undersigned, of the County of **SKAMANIA**

State / Commonwealth of **WASHINGTON**

being the Buyer, Seller, or Owner, as applicable, of the following described "Vehicle":

U.S. BANK REFERENCE# (ALS):

Year: **1990**

Make: **SILVERCREST**

Model: **BUCKINGHAM**

HUD #'s: **ORE 182644**  
**ORE 182645**  
**ORE 182646**

VIN(S) **MH84490ASHP7892**

do hereby make, constitute, and appoint U.S. Bank National Association ND, U.S. Bank National Association, and any of its agents or designees (each an "Attorney-In-Fact") as my(our) true and lawful attorney-in-fact for the limited purpose of preparing, completing, and executing any and all documents, and taking any and all actions necessary or beneficial in connection with the registration, transfer of ownership, re-titling, and the placement and release of a lien of and for the Vehicle.

Specifically, my(our) Attorney-In-Fact is authorized to, without limitation and as applicable to the situation: (i) prepare and execute required affidavits with respect to the representations made herein; (ii) complete and execute any Certificate of Ownership issued by the Department of Transportation, Motor Vehicle Division, or equivalent state or local agency in and for the State/Commonwealth of \_\_\_\_\_ (each a "State Agency"); (iii) apply for a Certificate of Title issued by the State Agency; (iv) transfer ownership of the Vehicle by completing and executing the necessary provisions of the Certificate of Title, including without limitation, signing the mileage disclosure on the Certificate of Title for the Vehicle, only if the disclosure is made as required by federal and/or state law; and (v) completing and executing any documentation necessary for Attorney-In-Fact to place its lien on the Certificate of Title and to release other existing liens encumbering the Certificate of Title. I(we) further grant and give Attorney-In-Fact the full authority and power to do and perform any and all acts necessary or incident to the execution of the powers expressly granted in this instrument.

The recipient of an original or copy (photocopy, facsimile, or otherwise) of this instrument may rely on the provisions contained herein without further inquiry into its authenticity or validity, or confirmation of same from me(us), and will not be held liable by me(us) for their reliance on the same.

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Mark Neisler  
Buyer/Borrower Signature

Marlene Neisler  
Buyer/Borrower Signature

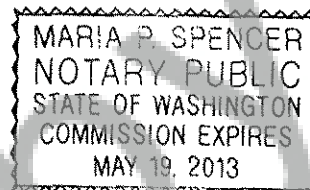
MARK NEISLER  
Printed Name

MARLENE NEISLER  
Printed Name

STATE OF WASHINGTONCOUNTY OF SKAMANIAOn this 24<sup>TH</sup> day of NOVEMBER, 20 09 before me the undersigned, a Notary Public in and for the State, personally appeared:MARK NEISLER and MARLENE NEISLER

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.


  
Notary Signature

MARIA P. SPENCER  
 Notary Printed Name
Notary Public; State of WASHINGTONQualified in the County of SKAMANIAMy Commission Expires: MAY 19, 2013

"I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."