

When recorded return to:

DONALD D. LYSGAARD

391 Bone Rd.  
Stevenson WA 98648

Filed for at the request of:  
AMERITITLE

Escrow No. WS31399

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

I, DONALD D. LYSGAARD, hereby appoint DIANNA L. LYSGAARD-RUTZ 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 instrument which may be necessary or proper to purchase and/or encumber the following described real property:

The South 175 feet of the West 175 feet of Government Lot 3 in Section 36, Township 3 North, Range 7 1/2 East of the Willamette Meridian, Skamania County, Washington.-----

Abbreviated Legal: (Required if full legal not inserted above.) SECTION 36, TOWNSHIP 3N, RANGE 7 1/2EWM

Tax Parcel Number(s): 03-75-36-2-0-0700-00

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(s) might or could do if personally present.

This Special Power of Attorney will cease and be of no further effect after the 30<sup>th</sup> day of Sept. 2011, or six (6) months from the date hereof, whichever first occurs.

Skamania County Assessor  
Date 8-15-11 Parcel 3-75-36-2-708

**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: x 7-16-11

x Donald D. Lysgaard  
DONALD D. LYSGAARD

STATE OF x California  
COUNTY OF x Del Norte

I certify that I know or have satisfactory evidence that DONALD D. LYSGAARD is the person who appeared before me, and said person acknowledged that ~~he~~/she/they signed this instrument and acknowledged it to be ~~his~~/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: x July 16, 2011

x Sheila M. Loop

Printed Name: x Sheila M. Loop

Notary Public in and for the State of x California

Residing at: x 1301 Northgate Dr. Ste. B, Crescent City

My appointment expires: x Nov. 18, 2013

See Attached California  
All-Purpose Acknowledgment

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Del NorteOn July 16, 2011 before me, Sheila M. Coop, Notary Public  
Date Here Insert Name and Title of the Officerpersonally appeared Donald D. Lysgaard  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(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 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.

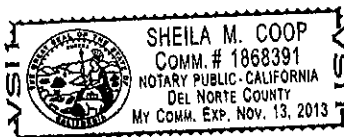
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Sheila M. Coop

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**Title or Type of Document: Special Power of AttorneyDocument Date: July 16, 2011 Number of Pages: 2Signer(s) Other Than Named Above: N/A**Capacity(ies) Claimed by Signer(s)**Signer's Name: Donald D. Lysgaard☒ Individual☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**

Top of thumb here

On file in Notary Journal

Signer's Name: \_\_\_\_\_

☐ Individual☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**

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