AFN :	#20111791	170 Reco:	rded :	10/0	04/2	011	at	10:3	1 AM	DocT	уре:	POA	Filed	by:	SKAM	ANIA
COUN'	TY TITLE	COMPANY	Page	: 1	of .	5 2	Audi	tor !	Fimot	hy O	. Too	ld Sl	kamania	ı Coı	ınty,	WA

AFTER RECORDING MAIL TO:
NameJames_Badley
Address 218 E 6th Street
City/State <u>La Center, WA 98629</u> <u>SCAC 33397</u>
Document Title(s): (or transactions contained therein) 1. GENERAL POWER OF ATTORNEY 2. 3. 4.
Reference Number(s) of Documents assigned or released:
☐ Additional numbers on page of document (this space for title company use only)
Grantor(s): (Last name first, then first name and initials) 1. HALL, GERTRUDES 2. 3. 4. 5.
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter) Lot 42 of the Columbia Heights, according to the recorded Plat thereof, recorded in Book A of Plats, Page 136, in the County of Skamania, State of Washington.
☐ Complete legal description is on page of document
Assessor's Property Tax Parcel / Account Number(s): 03-08-29-4-1-1100-00
WA-1
NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

AFN #2011179170 Page: 2 of 5

General Power of Attorney

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED OR INCAPACI-TATED. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs.

a To los How a lock of
I, Ger rudes TALL, of Cart County,
City of Vancouver, State of WAShing 10h, as principal, do hereby
appoint: JAMES T- BADLEY, of Clark County,
City of Vah Couver, State of WAShing Ton, my attorney-in-fact
to act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to
the following matters to the extent that I am permitted by law to act through an agent:
(a) real estate transactions;
(b) goods and services transactions;
(c) bond, share and commodity transactions;
(d) banking transactions;
(e) business operating transactions;
(f) insurance transactions;
(g) estate transactions;
(h) claims and litigation;
(i) personal relationships and affairs;
(j) benefits from military service;
(k) records, reports and statements;
(l) retirement benefit transactions;
(m) making gifts to my spouse, children and more remote descendants, and parents;

(n) tax matters;	
(o) all other matters;	
(p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoners on persons whom my attorney-in-fact shall select;	oing powers to any
(q) unlimited power and authority to act in all of the above situations (a) through (p)	
M/A	
If the attorney-in-fact named above is unable or unwilling to serve, I appoint	, , , , , , , , , , , , , , , , , , ,
of N/A , City of N/A	, State of
, to be my attorney-in-fact for all purposes hereunde	
To induce any third party to rely upon this power of attorney, I agree that any third party receiving facsimile of this power of attorney may rely upon such copy, and that revocation or termination of ney shall be ineffective as to such third party until actual notice or knowledge of such revocation have been received by such third party. I, for myself and for my heirs, executors, legal representate agree to indemnify and hold harmless any such third party from any and all claims that may arise a party by reason of such third party having relied on the provisions of this power of attorney.	this power of attor- r termination shall wes and assigns,
This power of attorney shall not be effective in the event of my future disability or incapacity. The new may be revoked by me at any time and is automatically revoked upon my death. My attorney be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, her assigns for acting or refraining from acting under this document, except for willful misconduct or	-in-fact shall not rs, successors, or
Dated: $\frac{5-10-11}{}$ Signature and Declaration of Principal	A
I, Gertrudes M. HALL , the principal, sign my name to this	s power of attorney
this 10 that I sign and execute this instrument as my power of attorney and that I sign it willings	
another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in	
ney and that I am eighteen years of age or older, of sound mind and under no constraint or undue i	
Dertruder m. Hall Signature of Principal	
Witness Attestation	
I, Veconica Fina , the first witness, and I, the second witness, sign my name to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the foregoing power of attorney being first duly sworn and determined to the first duly sworn and de	mes Hall,
the second witness, sign my name to the foregoing power of attorney being first duly sworn and d	o declare to the
undersigned authority that the principal signs and executes this instrument as his/her power of atto	orney and that he/she
signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and he	1
pal, sign this power of attorney as witness to the principal's signing and that to the best of my kno	wledge the principal
is eighteen years of age or older, of sound mind and under no constraint or undue influence.	
Signature of Second Witness	
Signature of First Witness Signature of Second Witness	

Notary Acknowledgment State of Washington County of Wark
Subcribed, sworn to and acknowledged before me by alvivades M. Hall the Principal. and subscribed and sworn to before me by witness, this Notary Public, In and for the County of _____ State of Washington

My commission expires: May 1620/1 Acknowledgment and Acceptance of Appointment as Attorney-in-Fact have read the attached power of attorney and am the I, person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal. gnature of Attorney-in-Fact Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact have read the attached power of attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; Lshall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal. Signature of Successor Attorney-in-Fact Date

AFN #2011179170 Page: 4 of 5

AFN #2011179170 Page: 5 of 5

California residents or p lowing California Notar	y Acknowledgment for		alid in the State	of Caufornia si	ioua use the joi-
California Notary Ackr	owledgment				
State of California					
County of	} S.S.	_		p.	•
On	<u></u>	, before me,			
(name and title of notary proved to me on the basi instrument and acknowled certify under penalty of provided and acknowled and acknowled and acknowledge acknowledge and acknowledge and acknowledge acknowledge and acknowledge acknowledge and acknowledge	s of satisfactory evidencedged to me that they/he perjury under the laws of	e/she executed the	instrument in the	ir/his/her author	rized capacity. I
my hand and official sea			Seal	V	
Tiom, Signature		- C.	% 1	7	

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