AFN #2011179579 Recorded 12/01/2011 at 12:41 PM DocType: POA Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Mary Ann Crow 811 SE Stark St Portland, OR 97214

CCT 00136538 SC

DOCUMENT TITLE(S):

Power of Attorney

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

- 1. Roselyn T Andersen
- 2.

GRANTEE:

- 1. Mary Ann Crow
- 2.

ABBREVIATED LEGAL DESCRIPTION:

Lot(s) 1, of MALFAIT RIVER FRONT TTS

Full Legal Description located on Page 3

TAX PARCEL NUMBER(S):

02 05 31 43 1200 00 gm 12-1-1

 \Box If this box is checked, then the following applies:

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature

indexltr

LPB-01-05

FUHM NO. 854 - GENERAL POWER OF ATTORNEY - DURABLE - (Short Form)	· ©	1988-2010 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR www.stevensness.com
ORIGINAL NO PART OF ANY STEVENS-NE	ESS FORM MAY BE REPRODU	CED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.
POWER OF ATTORNEY		STATE OF OREGON, County of } ss.
ROSCUN T. ANDERSEN	-	I certify that the within instrument was received for recording on,
	SPACE RESERVED	at o'clockM., and recorded in book/reel/volume No on page and/or as fee/file/instrument/microfilm/reception
MARY ONN EROW	FOR RECORDER'S USE	No, Records of this County. Witness my hand and seal of County affixed.
After recording, return to (Name, Address, Zip):		NAME TITLE
		By, Deputy.
KNOW ALL BY THESE PRESENTS that I,	ROSELYW T.	ANNERSEN
have made, constituted and appointed, and by these pres	ents do hereby make	constitute and appoint
receive payment therefor, and to vote any such stock as my proxy; to be with goods, wares and merchandise, choses in action, and other proper whatsoever nature or kind; for me and in my name and as my act and ments, trust agreements, mortgages, pledges, hypothecations, bills of ljudgments and other debts payable to me and other instruments in write to be for my best interests; to have access to any safe deposit box whis sell, discount, endorse, deliver and/or deposit all checks, drafts, notes as with any bank, by check or otherwise, and generally to do any busines and pay taxes thereon or collect refunds therefrom, also	arty in possession or in act deed, to sign, seal, execut ading, bills, bonds, notes, ting of whatever kind and ch has been rented in my and negotiable instruments	tion, and to make, do and transact all and every kind of business of the acknowledge and deliver all deeds, covenants, indentures, agree-evidences of debt, receipts, releases and satisfactions of mortgages, nature which my attorney in his/her absolute discretion shall deem name, or in the name of myself and any other person or persons; to payable to my order; to withdraw any moneys deposited in my name
	← (
GIVING AND GRANTING unto my attorney the full power sary to be done in and about the premises, as fully to all intents and pt cation, hereby ratifying and confirming all that my attorney shall lawfu change in the status of my mental competency, or its deterioration, abs void the effectiveness and validity of this instrument. This power shall take effect (check one): On the date I sign it. on the date I become "financially incapable" as defined by on the date I am adjudged incompetent by a court of properties.	urposes as I might or could lly do or cause to be done ence, or failure, whether to ORS 125.005. To jurisdiction.	by virtue of these presents, and specifically acknowledging that any emporary or permanent, shall not affect, diminish, or make null and
received actual notice either of such revocation or of my death. In construing this instrument, and where the context so require	res, the singular includes t	this power of attorney has not been revoked until my attorney has he plural.
IN WITNESS WHEREOF, I have signed this ins	trument on	•
STATE OF OREGON, Count	Thosal	MAH
This instrument was a	cknowledged before	me on MAY 9, 2011
,		<u> </u>
OFFICIAL SEAL MICHAEL RING	Notary Pub	lic for Oregon. My commission expires 1/15/2012
NOTARY PUBLIC-OREGO COMMISSION NO. 43070 MY COMMISSION EXPIRES JULY 15,	DN PUBLISHER'S N peal estate licens record this form address(es) of t agent, in dealin	OTE: Use of this form in connection with real estate may subject the user to sing requirements. To avoid the need to comply with those requirements: 1) in the county or counties where the real estate is located; 2) specify the he property to be managed, controlled, and/or sold; and 3) state that the g with the real property, may not receive any compensation that would the believed users ODE 600 or other publicable law.

record this form in the county or counties where the real estate is located; 2/ specify the address(es) of the property to be managed, controlled, and/or sold; and 3) state that the agent, in dealing with the real property, may not receive any compensation that would require the agent to be licensed under ORS 696 or other applicable law.

AFN #2011179579 Page: 3 of 3

EXHIBIT "A"

Lot 1, MALFAIT RIVER FRONT TRACTS, according to the plat thereof, recorded in Book "A" of plats, page 123, records of Skamania County, Washington.

