

WHEN RECORDED RETURN TO:

Alice J Krall
PO Box 385
Carson, Wa 98610

DOCUMENT TITLE(S)

satisfaction of mortgage

REFERENCE NUMBER(S) of Documents assigned or released.

144 | 387 AF 119936

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Alice Krall & Ray Krall

☐ Additional names on page _____ of document.

GRANTEE(S):

J. B. Bradshaw & Bernice Bradshaw

☐ Additional names on page _____ of document.

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

Sec 20, T3N, R8E NE 1/4 of NE 1/4

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

W *0308204110000*

☐ 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.

FILED FOR RECORD AT THE
REQUEST OF/RETURN TO:
WOODRICH & ARCHER LLP
P.O. Box 510
Stevenson, WA 98648
(509)427-5665
(509)427-7618

SATISFACTION OF MORTGAGE

Grantor (s) Ray Krall and Alice Krall, Husband and Wife
Grantee (s) J.B. Bradshaw and Bernice Bradshaw, Husband and Wife,
Additional Grantor(s) on page(s)
Additional Grantee(s) on page(s)
Abbreviated Legal: SE ¼ of NE ¼ in NE ¼ of the SE ¼ Section 20 T3NR8EWM
Additional Legal on page(s) 1
Assessor's Tax Parcel No's: 03082041100000 6.5.
12-6-11

RECITALS

WHEREAS, J.B. Bradshaw and Bernice Bradshaw, Husband and Wife, the owner and holder of that certain mortgage bearing the date July 8, 1994 executed by Ray Krall and Alice Krall, to secure the sum of Thirty One Thousand Five Hundred Thirty Five Dollars (\$31,535.00) and interest and recorded in the office of the County Auditor of Skamania, County Washington on July 8, 1994 in Volume 144 of Mortgages at page 387, bearing Auditor's File No. 119936,

NOW THEREFORE,

THE GRANTEE, J.B. BRADSHAW and BERNICE BRADSHAW, Husband and Wife, do hereby acknowledge that the said mortgage has been FULLY SATISFIED AND DISCHARGED and does hereby authorize and direct the said County Auditor to enter full satisfaction thereof of record for the mortgage recorded on July 8, 1994 in Volume 144 of Mortgages at page 387, Auditor's File No. 119936 against real property described as:

100 feet by 100 feet portion of the northeast corner of the following described premises:

A tract of land located in the County of Skamania and State of Washington, described as follows:

A tract of land located in the Southeast Quarter of the Northeast Quarter and in

the Northeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East W.M., described as follows:

Beginning at the southwest center of the Northeast Quarter of the Northeast Quarter of said Section 20; thence south 65 rods; thence east 56 rods to the initial point of the tract thereby described; thence east 24 rods; thence south 20 rods; thence west 24 rods; thence north 20 rods to the initial point. EXCEPT Easements and rights-of-way for public roads over and across said described premises. Contains three acres more or less.
Tax Parcel No. 03082041100000.

DATED this 2 day of December, 2011.

J. B. Bradshaw
J.B. BRADSHAW, GRANTEE

Dawn Leistikow
J.B. BRADSHAW, GRANTEE
By: DAWN LEISTIKO, Co-Guardian
For J. B. Bradshaw

Randy Bradshaw
J.B. BRADSHAW, GRANTEE
By: Randy Bradshaw, Co-Guardian
For J. B. Bradshaw

Dawn Leistikow
BERNICE BRADSHAW, GRANTEE
By: DAWN LEISTIKO, Co-Power of
Attorney for Bernice Bradshaw

Randy Bradshaw
BERNICE BRADSHAW, GRANTEE
By: Randy Bradshaw, Co-Power of
Attorney for Bernice Bradshaw

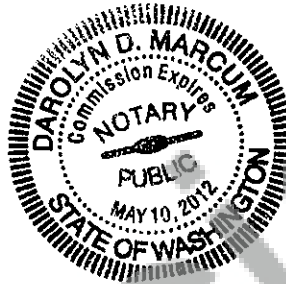
On December 2, 2011, before me, DAROLYN D MARCUM, a Notary Public, personally
Full Satisfaction of Mortgage
Page - 2 -

appeared J.B. BRADSHAW, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to that he executed the same in his authorized capacity and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.


NOTARY PUBLIC

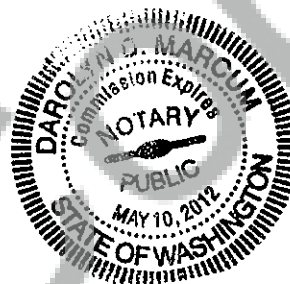


On December 2, 2011, before me, Darolyn D. Marcum a Notary Public, personally appeared DAWN LIESTIKO and RANDY BRADSHAW, who proved to me on the basis of satisfactory evidence to be the person whose names are subscribed to the within instrument and acknowledged to that they executed the same in their authorized capacities and that by their signature on the instrument, the persons, or the entities upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.


NOTARY PUBLIC



KATHY MARTIN
CLERK

NOV 23 P 1:48

WALLA WALLA COUNTY
WASHINGTON

[Signature]

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF WALLA WALLA

In re the Guardianship of:

NO. 11-4-00165-1

J. B. BRADSHAW,

LETTERS OF GUARDIANSHIP

Incapacitated Person.

WHEREAS, DAWN LEISTIKO of Walla Walla County, State of Washington, and RANDAL BRADSHAW of Benton County, State of Washington, have made application to the above-entitled court for Letters of Guardianship of the estate of J. B. BRADSHAW, an incapacitated person, and there being no bond required by law [bond having been obtained as required by law],

NOW THEREFORE, the said DAWN LEISTIKO and RANDAL BRADSHAW are appointed co-guardians of the estate of J. B. BRADSHAW.

WITNESS my hand and official seal this 23rd day of October, 2011.

Kathy Martin

KATHY MARTIN
Superior Court Clerk

By:

[Signature]
Clerk/Deputy

LETTERS OF GUARDIANSHIP

BURKHART & BURKHART, PLLC
6 1/2 North Second, Suite 200
Walla Walla, WA 99362-0274
509-529-0630

FILED

OCT 28 2011

KATHY MARTIN
WALLA WALLA COUNTY CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF WALLA WALLA

In re the Person and Estate of:

J. B. BRADSHAW,


Alleged Incapacitated Person.

NO: 11-4-00165-1

OATH OF CO-GUARDIAN

I solemnly affirm and certify under penalty of perjury under the laws of the State of Washington that I am the person that has been appointed co-guardian of the person and estate of J. B. Bradshaw, the incapacitated person above named, and I solemnly swear that the duties of my trust as guardian will be performed according to law.

DATED this 28 day of October, 2011.


Dawn Leistiko

OATH

BURKHART & BURKHART, PLLC
6½ North Second Ave., Suite 200
Walla Walla, WA 99362
(509) 529-0630

FILED

OCT 28 2011

KATHY MARTIN
WALLA WALLA COUNTY CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF WALLA WALLA

In re the Person and Estate of:

J. B. BRADSHAW,

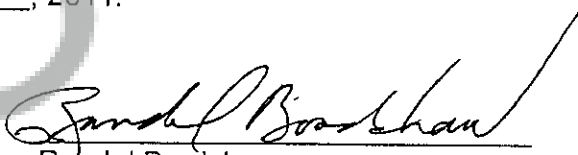
Alleged Incapacitated Person.

NO: 11-4-00165-1

OATH OF CO-GUARDIAN

I solemnly affirm and certify under penalty of perjury under the laws of the State of Washington that I am the person that has been appointed co-guardian of the person and estate of J. B. Bradshaw, the incapacitated person above named, and I solemnly swear that the duties of my trust as guardian will be performed according to law.

DATED this 28 day of October, 2011.


Randal Bradshaw

OATH

BURKHART & BURKHART, PLLC
6½ North Second Ave., Suite 200
Walla Walla, WA 99362
(509) 529-0630

BERNICE L. BRADSHAW
DURABLE POWER OF ATTORNEY

(Effective immediately and continuing
through disability or incompetence)

Dated: April 9, 2009

THE UNDERSIGNED INDIVIDUAL, domiciled and residing in the State of Washington, designates the following named person as attorney in fact to act for the undersigned.

1. DESIGNATIONS. J.B. BRADSHAW is designated as attorney in fact to act for the principal. In the event J.B. BRADSHAW becomes unable or unwilling to serve, then RANDAL WAYNE BRADSHAW and VALORIE DAWN LEISTIKO as alternate co-attorneys in fact to act for the principal. If either RANDAL WAYNE BRADSHAW or VALORIE DAWN LEISTIKO is unable or unwilling to serve, then the other so named shall act as sole alternate attorney in fact.

2. EFFECTIVENESS. This Durable Power of Attorney shall become effective upon execution by the undersigned. This Durable Power of Attorney shall remain in full force and effect in the event of the principal's disability or incompetence.

3. POWERS. The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Washington. The attorney in fact shall have the right to convey or encumber any real property.

This power of attorney also extends to any checking and savings accounts, money market accounts, safe deposit boxes, stocks, bonds, certificates of deposit or any similar investment, in any banking institution, savings and loan association, credit union, other financial institutions, and any other investment that the undersigned has through a stock brokerage firm carried in my name.

In addition to the general powers I have granted to my attorney-in-fact, my attorney-in-fact shall also have the power to make, amend, alter, or revoke any of the principal's life insurance, annuity, or similar contract beneficiary designations, employee benefit plan beneficiary designations, trust agreements, registration of the principal's securities in beneficiary form, payable on death or transfer on death beneficiary designations, designation of persons as joint tenants with right of survivorship with the principal with respect to any of the principal's property, community property agreements, or any other provisions for nonprobate transfer at death contained in nontestamentary instruments.

Additionally, my attorney-in-fact shall have the power to make gifts of property owned by me, including to my attorney-in-fact, as well as make transfers of my property to any trust. My attorney-in-fact shall also have the power to disclaim any property on my behalf.

4. PURPOSES. The attorney in fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the undersigned.

5. RETIREMENT PLANS: Establish, modify, contribute to, select payment options under, make elections under, receive payments from, make rollovers to, and take any other steps I might take with respect to IRA accounts and other retirement plans.

6. TAXES AND ASSESSMENTS: Do the following with respect to any prior tax year and future year when this power of attorney is in force: Pay any tax or assessment; appear for and represent me, in person or by attorney, in all tax matters; execute any power of attorney forms required by the Internal Revenue Service, the Washington Department of Revenue, or any other taxing authority; receive confidential information from any taxing authority; prepare, sign, and file federal, state and local tax returns and reports for all tax matters, including income, gift, estate,

inheritance, generation-skipping, sales, business, FICA, payroll, and property tax matters; execute waivers, including waivers of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of a claim for credit or refund; execute consents, closing agreements, and other documents related to my tax liability; make any elections available under federal or state tax law; and delegate authority or substitute another representative with respect to all matters described in this paragraph.

7. HEALTH CARE.

- a. Powers. I hereby grant to my attorney in fact full power and authority to make all health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. Except as limited below, my attorney in fact is authorized to arrange for and consent to medical, therapeutic and surgical procedures for me, including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. In exercising this authority, my attorney in fact shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my attorney in fact, including, but not limited to, my desires concerning consenting, refusing consent, or withdrawing consent to any life-sustaining care, treatment, services, or procedure to maintain, diagnose or treat a physical or mental condition as permitted by RCW 7.70.065. I have discussed my desires regarding health care with the attorney in fact, and with the alternate attorney in fact, and they are familiar with my character and beliefs, general attitude, desires, and prior statements regarding health care. If my attorney in fact is unable to determine my desires regarding a matter related to my health care, the attorney in fact shall act according to a good faith determination by the attorney in fact as to my best interests regarding such matter. In the event there is a Health Care Directive (Living Will) in effect for me at the time the attorney in fact is making health care decisions pursuant to this power of attorney, the attorney in fact shall make such decisions in accordance with my desires as stated in such document.

- b. Restriction on Consent; Reserved Rights. Notwithstanding any provision herein to the contrary, I retain the right to make medical and other health decisions for myself, so long as I am able to give informed consent with respect to a particular decision. In addition, no treatment may be given to me over my objection, and health care necessary to keep me alive may not be stopped if I object to its cessation.
- c. HIPAA Release Authority; Access to Medical Records. I hereby appoint my designated attorney in fact to act as my personal representative/agent and to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

My attorney in fact, as personal representative/agent, is authorized to request, receive and review, and I further authorize all physicians and psychiatrists who have treated me and all other health care professionals, dentists, health plans, clinics, laboratories, pharmacies, any insurance companies, the Medical Information Bureau, Inc., or other health care clearinghouses that have provided treatment or services to me, to release to my attorney in fact, as my personal representative/agent, all such information contained in my medical records. This information, whether verbal or written, regarding my physical or mental health, includes, but is not limited to, all of my individually identifiable health information and medical and hospital records regarding any past, present or future medical or mental health conditions and specifically includes any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. My attorney in fact is also authorized to execute on my behalf any releases, waivers or other documents that may be required in order to obtain this information; and is further authorized to disclose and to consent to the disclosure of this information to such persons, organizations, and health care providers as my attorney in fact may designate. I hereby waive my physician-patient privilege as to all communications between my physician (or other health care provider) and me to the extent necessary to permit my physician (or other health care provider) to disclose to my attorney in fact hereunder all such information pertinent to my care. I further authorize my attorney in fact to waive such privilege, if and only to the extent that the attorney in

fact deems it in my best interest to do so, in order to furnish information to third parties to facilitate my health care.

The authority given my personal representative/agent shall supersede any prior agreement that I may have with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my personal representative/agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

- d. Employment Authorization. My attorney in fact is authorized to employ and discharge health care providers, including physicians, psychiatrists, dentists, nurses, and therapists, as my attorney in fact shall deem appropriate for my physical, mental and emotional well-being and bind me and my estate for payment for their services.
- e. Admission to Facilities. My attorney in fact is authorized to apply for my admission to a medical, nursing, or residential or other similar facility, execute any consent or admission forms required by such facility, and enter into agreements for my care at such facility or elsewhere during my lifetime, or for such lesser periods of time as my attorney in fact may designate.
- f. Addition to Medical Records. This document shall be made a part of my permanent medical records upon my admission to a health care facility.

3. FINANCIAL ACCOUNTS. The attorney in fact shall have the authority to deal with accounts maintained by or on behalf of the principal with institutions (including, without limitation, banks, savings and loan associations, credit unions and securities dealers). This shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts, and to make deposits, transfers, and withdrawals with respect to all such accounts.

The attorney in fact shall have full and unlimited power and authority to act for principal and on behalf of principal in all matters in connection with principal's accounts, however

designated, and whether presently open or hereafter opened with the same force and effect as the principal might or could, and, without limitation of the foregoing general authority, specifically:

- (a) To effect purchases and sales (including short sales), to subscribe for and to trade in stocks, bonds, options or other securities, or limited partnership interests or investments and trust units, whether or not in negotiable form, issued or unissued, foreign exchange, commodities, and contracts, relating to same (including commodity futures), use of margin or otherwise, for principal's accounts and risk;
- (b) To deliver securities for principal's accounts, and to instruct delivery of securities from principal's accounts to attorney in fact or to others, and in such name, and form, including their own, as they may direct;
- (c) To instruct financial institutions to make payment of moneys from principal's accounts and to receive and direct payments therefrom payable to principal or to others;
- (d) To sell, assign, endorse and transfer any stocks, bonds, options or other securities of any nature, at any time standing in principal's name and to execute any documents necessary to effectuate the foregoing;
- (e) To receive statements of transactions made for principal's accounts; to approve and confirm the same, to receive any and all notices, calls for margin or other demands with reference to principal's accounts; and to make any and all agreements with financial institutions with reference thereto for the principal and on behalf of the principal.

Financial institutions are accordingly authorized and empowered to follow the instructions of the attorney in fact in every respect concerning principal's accounts with them, and principal hereby ratifies and confirms any and all transactions, trades or dealings effected in and for principal's accounts by said attorney in fact, and agrees to indemnify the financial institutions and hold them free and harmless of any loss, liability or damage by reason of any such transactions or by reason of any other matter or thing done by the financial institutions in and for principal's accounts pursuant to instructions received from attorney in fact.

This power of attorney, authorization and indemnity is in addition to (and in no way limits or restricts) any and all rights which the financial institutions may have under any other agreement or agreements between the financial institution and principal, and shall inure and continue in favor of the financial institutions, their successors, by merger, consolidation or otherwise, and assigns.

9. DURATION. The durable power of attorney becomes effective as provided in Paragraph 2 and shall remain in effect to the extent permitted by Washington law, or until revoked or terminated under Paragraphs 10 or 11, notwithstanding any uncertainty as to whether the principal is dead or alive.

10. REVOCATION. This power of attorney may be revoked, suspended or terminated in writing by principal with written notice to the designated attorney in fact.

11. TERMINATION. The death of the principal shall be deemed to revoke this power of attorney upon actual knowledge or actual notice being received by the attorney in fact.

12. ACCOUNTING. The attorney in fact shall be required to account to any subsequently appointed personal representative.

13. RELIANCE. The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this power of attorney so long as neither the attorney in fact nor any person with whom the attorney in fact was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the principal.

14. INDEMNITY. The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.

15. APPLICABLE LAW. The laws of the State of Washington shall govern this power of attorney.

16. APPOINTMENT OF GUARDIAN. In the event any petition for the appointment of a guardian of the person and/or estate of the principal is filed in any court, and in the event the court determines that a guardian of the person and/or estate should be appointed, the court shall appoint the designated attorney in fact as designated herein in the same order as herein provided.

17. EXECUTION. This power of attorney is signed in triplicate to become effective as provided in Paragraph 2.

18. REVOCATION OF PRIOR DURABLE POWERS OF ATTORNEY. I hereby revoke any Durable Power of Attorney previously executed by me.

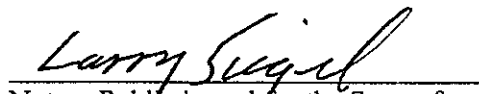

BERNICE L. BRADSHAW

STATE OF WASHINGTON)
) ss.
County of Walla Walla)

This is to certify that on the 9th day of April, 2009, before me, the undersigned Notary Public, personally appeared BERNICE L. BRADSHAW, to me known to be the individual described in and who executed the foregoing Durable Power of Attorney, and acknowledged to me that she signed and sealed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.




Notary Public in and for the State of
Washington, residing at Walla Walla