AFTER RECORDING MAIL TO:	
Name Jonathan & Marylyn Adina	
Address PO Box 2761	
City, State, Zip Forks, WA 98331	
Filed for Record at Request of:	
SPECIAL POWER OF ATTORNEY (PURCHASE/ENCUMBER)	
I MARYLYN P. ADINA, hereby appoint JONATHAN R. ADINA 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:	
A Tract of land in the Southeast Quarter of the Southeast quarter of Section 35, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:	
Lot 1 of the Kaspar Short Plat, recorded in Auditor File No. 2006162645, Skamania County Records.	
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Assessor's Property Tax Parcel/Account Number: 03-07-35-4-4-0802-00	
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 day of, or six (6) months from the date hereof, whichever first occurs.	
Dated: 1-17-12	WARNING: This power of attorney will result in
Rdine	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.
MARYLYN P. ADINA	attendy prior to execution of this decument.
STATE OF AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ss
I certify that I know or have satisfactory evidence that Mary Lyn P. A Linca	
(is are) the person(s) who appeared before me, and said person(s) 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: 17 12	Carl M. M. C.
NO NIHSWIND	tary Public in and for the state of Wash.
OLIBAT SE LATION W.	appointment expires: 4-19-20/4
N JOHANNI	LPB-71 7/97