

WHEN RECORDED RETURN TO:

Cynthia E Mitchell
P.O. Box 565
Cascade Locks, OR 97014

DOCUMENT TITLE(S)

☒ Durable Power of Attorney
REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Lorretta Sue Bowers Duffus

☐ Additional names on page _____ of document.

GRANTEE(S):

Cynthia E Mitchell

☐ Additional names on page _____ of document.

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

see attached Ex. A

☒ Complete legal on page 5 of document.

TAX PARCEL NUMBER(S):

02071944020000

☐ 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.

DURABLE POWER OF ATTORNEY

(1) *Designation of Attorney-in-Fact.* I, LORETTA SUE BOWERS DUFFUS, domiciled and residing in the State of Washington, hereby designate CYNTHIA E. MITCHELL, as my attorney-in-fact. In the event she is unable to so act, I designate BRENDA L. CRAMBLETT as my attorney-in-fact.

(2) *Powers of Attorney-in-Fact.* My attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over my estate, whether situated within or without the State of Washington, and my liabilities, wherever incurred. The power shall include authority to purchase, convey, mortgage, lease and take any other action with respect to any real property. In the event I become disabled or incompetent, my attorney-in-fact shall have all powers that are necessary or desirable to provide for my support, maintenance and health, and to consent to health care as provided in RCW 7.70. I give my attorney-in-fact the power to make gifts of my property. I hereby nominate my attorney-in-fact as the guardian of my person and estate in the event a guardianship is established.

(3) *Effectiveness.* This power of attorney shall become effective in the event I become disabled or incompetent. Disability shall include the inability to manage my property and affairs effectively for reasons such as mental illness or deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance. Disability may be evidenced by the written statement of a qualified attending physician or any other competent person with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a court having proper jurisdiction.

(4) *Duration.* This power of attorney shall remain in effect until revoked or terminated under Paragraph 5, notwithstanding any uncertainty as to whether I am dead or alive. This power of attorney shall not be affected by disability of the principal.

(5) *Termination.* This power of attorney may be terminated in the following manner:

Revocation. This power of attorney may be revoked in writing by giving written notice to the attorney-in-fact, or if applicable, the alternate attorney-in-fact. If this power of attorney has been recorded, the written notice of revocation shall also be recorded.

By Guardian of Estate. The appointment of a guardian of my estate vests in the guardian, the power to revoke, suspend or terminate this power of attorney with court approval. The appointment of a guardian of my person does not empower the guardian to revoke, suspend or terminate this power of attorney.

By Death. This power of attorney is deemed to be revoked by my death when the attorney-in-fact has actual knowledge of the death.



NorthShore
MEDICAL GROUP

December 20, 2013

RE: LORETTA BOWERS DUFFUS
402 Columbia St
PO BOX 264
N Bonneville, WA 98639

To Whom it May Concern:

Due to disabling dementia, Loretta does not have the ability to manage her property and affairs effectively.

Sincerely,

Liette C. Witherrite MD

Stevenson (509) 427-4212 White Salmon (509) 493-2133
875 Rock Creek Drive SW, P.O. Box 390, Stevenson, WA 98648
212 Skyline Drive, P.O. Box 1519, White Salmon, WA 98672

114107

Ex. A

BOOK 130 PAGE 20



First American Title Insurance Company

THIS SPACE PROVIDED FOR RECORDERS USE:
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
JUL 31 11 03 AM '92
GARY H. OLSON

Filed for Record at Request of

Name Galand + Loretta S. Bowers
Address 1884 Hankopin Road
City and State Yountville, Ca. 94599

Statutory Warranty Deed

THE GRANTOR THOMAS J. CRAMBLETT and BRENDA CRAMBLETT, husband and wife -----
for and in consideration of THIRTEEN THOUSAND DOLLARS and OTHER VALUABLE CONSIDERATION -----
in hand paid, coveys and warrants to GALAND N. BOWERS and LORETTA S. BOWERS, husband and wife -----
the following described real estate, situated in the County of SKAMANIA, State of Washington:
Lot 2, Block 4, Plat of Relocated North Bonneville, recorded in Book B of Plats, Page 8
under Skamania County File No. 83466 also recorded in Book B of Plats, Page 24, under Auditors
File No. 84429, Records of Skamania County, Washington. -----
SUBJECT TO:
Second 1/2 1992 taxes.

015141
REAL ESTATE EXCISE TAX
JUL 31 1992
198.90
JW

Dated 7-31, 1992
Thomas J. Cramblett
THOMAS J. CRAMBLETT
Brenda Cramblett
BRENDA CRAMBLETT

STATE OF WASHINGTON
COUNTY OF SKAMANIA
On this day personally appeared before me
THOMAS J. CRAMBLETT
to me known to be the individual described in and who
executed the within and foregoing instrument, and
acknowledged that they signed the same
as their free and voluntary act and deed,
for the use and purposes therein expressed.
GIVEN under my official seal this
31st day of July, 1992
Donna K. Sewell
Notary Public in and for the State of Washington, residing at
STEVENSON

STATE OF WASHINGTON
COUNTY OF _____
On this _____ day of _____, 19____,
before me, the undersigned, a Notary Public in and for the State of Washington, duly com-
missioned and sworn, personally appeared _____
and _____
to me known to be the _____ President and _____ Secretary,
respectively, of
the corporation that executed the foregoing instrument, and acknowledged the said instru-
ment to be the free and voluntary act and deed of said corporation, for the uses and purposes
therein mentioned, and on oath, stated that _____
authorized to execute the said instrument and that the seal affixed is the corporate seal of said
corporation.
Witness my hand and official seal hereto affixed the day and year first above written.

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