

Filed for record at the request of:
Charlene D. Hutchison
109 Look In Lane
n. Bonnaville, Wash
98639

POWER OF ATTORNEY
[LIMITED PURPOSE]

I Charlene Hutchison, resident of the State of Washington, give
Florence H. Scheel (referred to below as "the agent") a power of
attorney for the following purpose:

The power to make deposits to, and payments from, any
account in my name in any financial institution and the
power to open and remove items from any safe deposit
box in my name.

The power shall remain in effect until my death.
Dated: 6-10-2014

Charlene D. Hutchison

On June 10, 2014, a person I know to be Charlene D. Hutchison
appeared before me in person, signed above, and acknowledged that the signing was
done freely and voluntarily for the purposes mentioned above.
Dated: June 10, 2014
Kathy McKenzie
Notary Public, State of Washington,
residing at: Stevenson
Commission expires: Jan 1, 2017

KATHY L MCKENZIE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JANUARY 01, 2017

EA

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Last Will

of

Charlene D. Hutchinson

C.D.H.

I, Charlene D. Hutchinson, being of legal age and of sound and disposing mind, memory, and understanding, and not acting under fraud, duress or the undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will, and I do hereby expressly revoke any and all former wills and codicils by me made.

ARTICLE I

I hereby declare that I am a/an unmarried/~~married man/woman~~ (delete inappropriate selections), and that the name of my living spouse, if any, is N/A. The name(s) of my living child(ren) is/are (if none, so state): N/A

My nearest living relatives, and their relationship to me, are (if none, so state): Florence H. Scheel - Step-
Neice

ARTICLE II

I direct that all of my just debts, expenses of last illness, funeral expenses and all proper claims and charges against my estate be paid as soon as may conveniently be done after my death.

ARTICLE III

I give and devise the following sum(s) of money and/or specific items of property in the following manner:

RECIPIENT

MONEY OR PROPERTY DEVISED

Florence H. Scheel and
Gerald W. Cooke - to share equally

Real Estate, House and Contents
Located at: 109 Look-in Lane -
Lot B Blk 3, North Booneville,
WA 98639

Any bequest listed above in favor of a person or organization not living or in existence at the time of my death shall lapse, and the money and/or property so devised shall become a part of my estate residue.

ARTICLE IV

I give and devise all of the rest and residue of my estate, of whatsoever nature and wherever it may be found, as follows:

N/A

(OVER)



ARTICLE V

If ~~any surviving child of mine is less than 18 years of age at the time of my death, I nominate and appoint~~ N/A, or the survivor thereof, as guardian(s) of any such child. Should the foregoing person(s) be unable or unwilling to so serve, then and in that event I nominate N/A or the survivor thereof, as alternate guardian(s).

ARTICLE VI

I hereby nominate and appoint Florence H. Scheel as the personal representative of my estate. Should he ~~she~~ be unable or unwilling to so serve, then and in that event I nominate and appoint Gerald W. Cooke as alternate personal representative. Either person named in this Article may so serve without giving bond.*

IN WITNESS WHEREOF, I have hereunto set my hand at Stevenson, WA on (date) June 10, 2014

Charlene D. Hutchison
SIGNATURE
CHARLENE D. HUTCHISON
TYPE OR PRINT NAME

WITNESS SIGNATURES:

Irene E Bitikofen
David F Bitikofen

This instrument was, on the above date, signed by Charlene Hutchison, who declared this to be his/her Will. At his/her request and in his/her presence, and in the manner required by law, we have signed our names hereto as attesting witnesses. At the time this Will was signed, we believe that the person signing it was of sound mind and memory and was acting voluntarily and not under fraud, duress or undue influence.

Irene E Bitikofen
WITNESS SIGNATURE
Irene E Bitikofen
WITNESS NAME (TYPED OR PRINTED)
810 Lakeside Way
ADDRESS
N. Bonneville WA 98639
CITY STATE ZIP

David F Bitikofen
WITNESS SIGNATURE
DAVID F. BITIKOFEN
WITNESS NAME (TYPED OR PRINTED)
810 LAKESIDE WAY P.O. Box 72
ADDRESS
N. BONNEVILLE, WA 98639
CITY STATE ZIP

* If you wish to require your personal representative to post a bond, delete this sentence.
While legally effective if properly completed and executed, this will form does not represent your only estate planning option. The publisher strongly recommends that you consult an attorney in connection with planning your estate, particularly if you desire to leave property in trust for others, such as children not of majority age.