AFN #2014001982 Recorded 11/18/2014 at 04:37 PM DocType: POA Filed by: COLUMBIA GORGE TITLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFTER RECORDING MAIL TO:

David and Tracy Scarborough 675 Highline Road Hood River OR 97031

## SPECIAL POWER OF ATTORNEY

(SALE)

I, Tracy Scarborough, hereby appoint David Scarborough as my true and lawful attorney for me and in my name and stead, and for my use and benefit to bargain, sell, contract to convey, or convey any and all right, title, interest in and to the following described real property:

Lot 2, VISTA SPRINGS SUBDIVISION, PHASE 1, according to the recorded Plat thereof, recorded in Auditor File No. 2006164240, in the County of Skamania and in the State of Washington.

Assessor's Property Tax Parcel/Account Number: 03-07skamania Compassion

Date 11-18-14 Parcel# 3-7-26-0-0-602

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 Movember, 2014, or six (6) months from the date hereof, whichever first occurs.

WARNING: This power of attorney will result in another person having full right to sell your property. It is recommended that you obtain counsel from your attorney prior to execution of this document.

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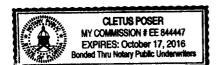
Dated: November 5, 2014

STATE OF Floreda COUNTY OF \_\_\_\_

I certify that I know or have satisfactory evidence that Tracy Scarborough 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: November 5, 2014

**Notary Signature** 



Notary Printed Name:

Notary Public in and for the state of

Residing at:

My appointment expires: