

Return Address:

Michael Elmer
PO Box 145
Underwood 98651

Document Title(s) or transactions contained herein:

Variable Power of Attorney

GRANTOR(S) (Last name, first name, middle initial)

Elmer, Michael Elmer AKA Michael Warren Elmer

Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Riley, Connor

Riley, Matthew M.

Additional names on page _____ of document. Riley, IZAK V.

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

Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

Property Tax Parcel ID is not yet assigned

Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

DURABLE POWER OF ATTORNEY

I, Micheal Warren Elmer aka Michael Warren Elmer, (hereinafter "principal"), domiciled and residing in the State of Washington, as authorized by R.C.W. 11.94 and specifically R.C.W. 11.94.500, individually, designate the following named persons as attorney-in-fact to act for the undersigned Principal who may hereafter become disabled or incompetent.

1. DESIGNATION.

I hereby appoint CONNIE L. RILEY, my attorney-in-fact hereby granting him or her full power and authority as though he or she were the absolute owner of my assets and liabilities, to perform any and all acts in my name, place and stead as fully as I could perform if personally present and not disabled, incapacitated or incompetent. In the event that CONNIE L. RILEY is unable to unwilling to serve, then I hereby appoint MATTHEW M. RILEY as alternate attorney-in-fact to act for Principal. In the event that MATTHEW M. RILEY is unable to unwilling to serve, then I hereby appoint IZAK V. RILEY as alternate attorney-in-fact to act for Principal.

2. POWERS.

The attorney-in-fact, as fiduciary, shall have all of the powers of an absolute owner over the assets and liabilities of the Principal, whether located within or without the State of Washington, including the following;

- (a) To sell or otherwise dispose of my property. Said attorney-in-fact shall have the authority to make, amend, alter or revoke any life insurance beneficiary designations, community property agreements or make any gifts of property to himself or herself which is owned by the Principal, and to make transfers of property to any trust;

- (b) May as such attorney in fact to sign the name of said Principal to any deed, conveyance, mortgage, lease or other encumbrance or to any instrument necessary to be executed by which the property conveyed or transferred shall be released from any claim as community property, and so execute the necessary conveyance or transfer of said real estate;
- (c) May as such attorney in fact enter my safety deposit box located at any bank.

The attorney-in-fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by Principal, unless the document authorizes changes with Court approval.

3. PURPOSES.

In addition to the powers designated above, the attorney-in-fact shall also have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the Principal, even is disabled or incompetent. The attorney-in-fact shall have the power to authorize surgery, medication or any other form of health treatment.

4. EFFECTIVENESS.

This power of attorney shall become effective only upon disability, incapacity or incompetency and continue throughout any disability, incapacity or incompetency of the Principal. Disability shall include the inability to manage property and affairs effectively for reasons such as mental illness, dementia, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement including hospital, nursing facility or any other health care facility, detention by a foreign power,

kidnapping or disappearance. Disability may be evidenced by a written statement of a qualified physician regularly attending the Principal and/or by other qualified persons with knowledge of any confinement, detention or disappearance. Incompetence may be established by finding of a court having jurisdiction over the incompetent Principal.

5. DURATION.

The durable power of attorney becomes effective as provided in Paragraph 4 above and shall remain in effect to the extent permitted by R.C.W. 11.94 or until revoked or terminated under Paragraphs 6 and 7 below, notwithstanding any uncertainty as to whether the Principal is dead or alive.

6. REVOCATION.

This durable power of attorney may be revoked, suspended or terminated in writing by Principal with written notice thereof to the appointed attorney in fact or otherwise to the successor(s) attorney in fact, and by recording the written instrument of revocation in the office of Recorder or Auditor of SKAMANIA County, Washington.

7. TERMINATION.

(a) By Appointment of Guardian

The appointment of a guardian of the estate of Principal vests in the guardian with Court approval, the power to ~~revoke, suspend~~ or terminate this power of attorney. The appointment of a guardian of the person does not empower the guardian to revoke, suspend or terminate this power of attorney.

(b) By Death of Principal

The death of Principal shall be deemed to revoke this power of attorney as to said Principal upon actual knowledge or actual notice being received by the attorney in fact.

8. ACCOUNTING.

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

9. 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 my 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.

10. 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.

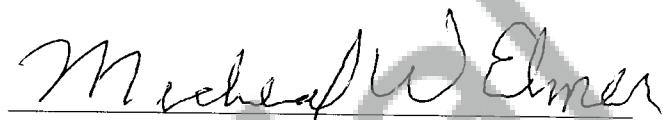
11. APPLICABLE LAW.

The laws of the State of Washington shall govern this power of attorney. If any provision in his document, or any part thereof, is held invalid, the remaining parts shall not be affected.

12. EXECUTION.

This power of attorney is signed in original the day and year indicated below and is to become effective as provided in Paragraph 4 above.

Dated this 20 day of 5, 2016.

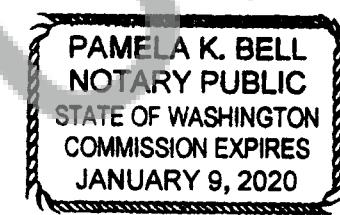


Micheal Warren Elmer aka Michael Warren Elmer

STATE OF WASHINGTON)
) SS
County of Skamania)

This is to certify that on the 20th day of May 2016, before me, the undersigned Notary Public, personally appeared Michael Warren Elmer to me known to be the individual described in and who executed the foregoing Durable Power of Attorney, and acknowledged to me that he or she signed the same as his or 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.



Pamela K. Bell

Pamela K. Bell
Notary Public in and for the State of Washington,

Residing at Carson

Expiring: 01-09-2020