

WHEN RECORDED RETURN TO:

U.S. Bank Home Mortgage
809 S. 60th Street, Ste 210
West Allis, WI 53214
Attn: Laura Weber

DOCUMENT TITLE(S):

Manufactured Home Limited Power of Attorney

BORROWERS:

Edward Grant and Cheryl Grant, husband and wife

LENDER:

U.S. Bank, National Association

LEGAL DESCRIPTION:

A tract of land in the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the Bill Coates Short Plat, recorded in Book 3 of Short Plats, Page 250, Skamania County Records.

TAX PARCEL NUMBER(S):

03-08-17-3-0-1412-00

Return To:
 U.S. BANK HOME MORTGAGE
 809 S. 60th Street, Suite 210
 West Allis, WI 53214
 Attn: Laura Weber

November 1st _____, 2016

Date

Skamania County

Place of Recording

Tax Parcel No. 03081730141200

Legal Description is at page 8

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Lot Block Plat or Section

3 North 8 East 17

Township Range Quarter/Quarter Section

Manufactured Home Limited Power of Attorney

U.S. BANK LOAN NUMBER: 2200641893

KNOW ALL PERSONS BY THESE PRESENTS, that

I(We), Edward Grant & Cheryl Grant

the undersigned, of the County of Skamania, State / Commonwealth of Washington, being the Buyer, Seller, or Owner, as applicable, of the following described "Vehicle":

USED	1996	Fleetwood	N/A
New/Used	Year	Manufacturer's Name	Model Name or Model No.
ORFLT48A/B50304-FW13			
Vehicle Identification Number(s)			
ORE307996 & ORE307997			
HUD Numbers			

I(We) do hereby make, constitute, and appoint U.S. Bank National Association, and any of its agents or designees (each an "**Attorney-In-Fact**") as my(our) true and lawful attorney-in-fact for the limited purpose of preparing, completing, and executing any and all documents, and taking any and all actions necessary or beneficial in connection with the registration, transfer of ownership, re-titling, and the placement and release of a lien of and for the Vehicle.

Specifically, my(our) Attorney-In-Fact is authorized to, without limitation and as applicable to the situation: (i) prepare and execute required affidavits with respect to the representations made herein; (ii) complete and execute any Certificate of Ownership issued by the Department of Transportation, Motor Vehicle Division, or equivalent state or local agency in and for the State/Commonwealth of Washington (each a "**State Agency**"); (iii) apply for a Certificate of Title issued by the State Agency; (iv) transfer ownership of the Vehicle by completing and executing the necessary provisions of the Certificate of Title, including without limitation, signing the mileage disclosure on the Certificate of Title for the Vehicle, only if the disclosure is made as required by federal and/or state law; and (v) completing and executing any documentation necessary for Attorney-In-Fact to place its lien on the Certificate of Title and to release other existing liens encumbering the Certificate of Title. I(We) further grant and give Attorney-In-Fact the full authority and power to do and perform any and all acts necessary or incident to the execution of the powers expressly granted in this instrument.

The recipient of an original or copy (photocopy, facsimile, or otherwise) of this instrument may rely on the provisions contained herein without further inquiry into its authenticity or validity, or confirmation of same from me(us), and will not be held liable by me(us) for their reliance on the same.



Seller Signature

Bryan S. Mathany

Printed Name

Seller Signature

Printed Name



Buyer Signature

Edward Grant

Printed Name



Buyer Signature

Cheryl Grant

Printed Name

STATE OF Washington

COUNTY OF Skamania

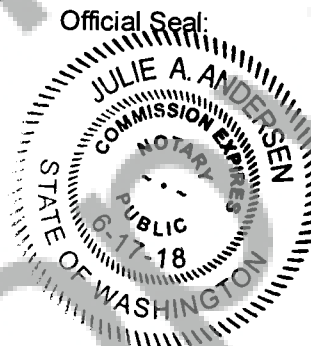
On the 10 day of November in the year 2016 before me, the undersigned, a Notary Public in and for said State, personally appeared

Edward Grant, Cheryl Grant & Bryan S. Mathaney
 Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Julie A. Andersen
 Notary Signature

Julie A Andersen
 Notary Printed Name

Notary Public; State of Washington
 Qualified in the County of Skamania
 My Commission Expires: June 17, 2018



"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."