AFN #2016002426 Recorded Nov 17, 2016 04:01 PM DocType: POA Filed by: COLUMBIA GORGE TITLE Page: 1 of 3 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:

Columbia Gorge Title PO Box 277 Stevenson WA 98648

DOCUMENT TITI	LE(S):
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Limited Power of Attorney for Sale of Real Estate

PRICIPAL:

Claudina Campbell

AGENT:

CRAIG BEEBE

LEGAL DESCRIPTION:

The North half of the Following described tract:

The West 1,585 feet of the South half of the South half of the Northwest Quarter of Section 23, Township 3 North, Range 8 East of the Willamette Meridian: Except the West 1,186 feet thereof, said tract containing 3.0 acres more or less, TOGETHER WITH all water that the sellers may have. TOGETHER WITH 1966 Frontier Mobile Home: Title #7625903221

TAX PARCEL NUMBER(S): 03-08-23-0-0-0900-00

Skamania County Assessor
Date /// Parcel# 3-8-3-0-0-900

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LIMITED POWER OF ATTORNEY FOR SALE OF REAL ESTATE

KNOW ALL PERSONS BY THESE PRESENTS:

I, <u>Claudina Campbell</u> ("Principal") maintaining an address at <u>705 Sunrise Place SW, Issaquah, WA 98027</u> do hereby make and appoint <u>Craig Beebe</u> ("Agent") maintaining an address at: <u>22 Fourth Street PO Box 101 Carson, WA 98610</u> my true and lawful attorney-in-fact for me and in my name, and in my behalf with full power to:

Sell or convey, upon such terms as my Agent shall deem appropriate, my interest in the real estate located at: <u>232 Marty Road (Home Valley) Stevenson, WA 98648</u> (Address of property) and legally described as: <u>tax parcel 03-08-230-0-0900-00</u>

The North Half of the following described tract:
The West 1,585 feet of the South half of the South half of the Northwest Quarter
Of Section 23, Township 3 North, Range 8 East, Willamette Meridian: Except
the West 1,186 feet thereof, said tract containing 3.0 acres more or less, TOGETHER
WITH all water rights that the sellers may have.

TOGETHER WITH 1966 Frontier Mobile Home: Title #7625903221.

This limited power of attorney shall include the right to complete and execute any and all documents, instruments, warranties, releases or deeds necessary for such transaction and to do all other things required to complete such transaction, including retaining lawyers, accountants, brokers, and collecting and receiving the proceeds from any such sale.

I hereby ratify and confirm all acts that my Agent, shall lawfully do or cause to be define the right of this power of attorney and the rights hereby granted.

This Limited Power of Attorney and the rights, powers, and authority of my Agent shall become effective immediately upon execution of this instrument. The rights, powers, and authority of this document shall remain in full force and effect thereafter until the above described real estate is sold or transferred and the transaction is completed or in the event of my death, disability or incapacity, or upon my revocation of this document, whichever occurs first. As used herein, "disability" or "incapacity" shall mean a lack of capacity to receive and evaluate information effectively, to communicate decisions, and/or to manage my financial resources and affairs properly.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Agent shall not be liable for losses resulting from judgment errors made in good faith. However, Agent will be liable for breach of fiduciary duty, failure to act in good faith and/or willful misconduct, while acting under the authority of this Power of Attorney.

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I may revoke this Power of Attorney at any	time by providing	written notice to my Agent.
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Signed on 10/14/14 (date), at Morcer Island (city), Washington (state).
Signature of Principal
State of Washington County of King State of Washington State of Wa
The foregoing instrument was acknowledged before me this Hth day of October, as judicially by Clauding Compally (name of Principal), who is personally known to me or who has produced Drive S. J. D. as identification.
Deestrone Ol
State of Washington STEPHANIE 02LE My Appointment Expires Apr 2, 2020 Name typed, printed, or stamped