AFN #2016002770 Recorded Dec 27, 2016 01:30 PM DocType: POA Filed by: Simplifile Page: 1 of 2 File Fee: \$74.00 Auditor Robert J. Waymire Skamania County, WA

## WHEN RECORDED RETURN TO:

Larry B. Nichols 5603 NE 300th Ct Camas, WA 98607

	<del></del>
DOCUMENT TITLE(S)	
Power of Attorney	
REFERENCE NUMBER(S) OF DOCUM	MENTS ASSIGNED OR RELEASED:
GRANTOR(S):	. (2)
Drex Nichols	
GRANTEE(S):	
Larry B. Nichols	

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. The fee for non-standard processing is \$50.00.

Signature of Requesting Party

AFN #2016002770 Page: 2 of 2

## **Power of Attorney for Finances (Limited Power)**

APPEX NICHOLS, of to act in my place for the purposes of:  SELCING CADIN
SSICUITE ONDALUITE
SECUNG CHOIN
This power of attorney takes effect on 12-15-16 and shall continue until terminated n writing or until CAOIW 15 50 60, whichever comes first. In the event of my incapacity or death, this power of attorney shall terminate immediately.
grant my attorney-in-fact full authority to act in any manner both proper and necessary to the exercise of the foregoing powers, and I ratify every act that my attorney-in-fact may lawfully perform in exercising those powers.
agree that any third party who receives a copy of this document may act under it. Revocation of the cower 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.
Signed: This _/ &_ day of _D & & 2016  State of: WASHINGTON County of: KING  Signature: Duncy, Principal  Social Security Number.  Certificate of Acknowledgment of Notary Public
State of WA  County of King
This record was acknowledged before me on 12-15-2016 (date) by  DYEX NICHOLS
Signature of notarial officer  Notary  Title of office  NOSHINGTON  WASHINGTON  WASHIN  WASHINGTON  WASHINGTON  WASHINGTON  WASHINGTON  WASHINGTON  WA
My commission expires: 1/- 9-2017 [Stamp]