

WHEN RECORDED RETURN TO:

Patti Midland

Po Box 103

N. Bonneville, WA 98639

DOCUMENT TITLE(S)

Power of Attorney

REFERENCE NUMBER(S) of Documents assigned or released:

☒ N/A

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Wayne Bigley

☐ Additional names on page _____ of document.

GRANTEE(S):

Patti Midland

☐ Additional names on page _____ of document.

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

N/A

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

N/A

☐ Additional parcel numbers on page _____ of document.

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

GENERAL DURABLE POWER OF ATTORNEY

I, **WAYNE M. BIGLEY**, (the "Principal") designate **PATTI J. MIDLAND** as my Agent and Attorney-in-Fact ("Agent"), with the powers and authority set forth below.

To act for me in any manner affecting my property as if I were personally present. This shall include any real or personal property, any tangible or intangible property and any property I now own or later acquire. Anything done by my Agent by virtue of this grant of power shall bind me and my successors;

To execute, deliver, and acknowledge any written instruments for me. This includes agreements, deeds, notes, and other evidences of indebtedness, mortgages, trust deeds, pledges, security agreements, releases, satisfactions, receipts, and assignments;

To open, deposit into, withdraw from, and close any type of account at any bank or similar financial institution. My Agent may execute and deliver checks, drafts, and orders upon those accounts and endorse all such instruments payable to me. My Agent may receive either cash for the same or deposit the same into my account;

To have access to any safe deposit box rented in my name, to open new safe deposit boxes, to remove any of the contents in any safe deposit box, to add to the contents of any safe deposit box, and to close out any safe deposit box;

To invest and reinvest my property for me as my Agent deems appropriate. This includes investment in the stock of any corporation, bonds, notes, and other securities. My Agent may exercise all of the rights of ownership of those securities. This includes the rights to transfer or exchange those securities, to receive interest and dividends, to vote at any shareholder's meeting, to otherwise act as my proxy or representative in respect to any such security with full power to substitute one or more persons as my proxy or proxies, to exercise stock right privileges, and to open brokerage accounts (on cash or on margin);

To acquire and transfer any property of mine, including my residence and the right to purchase, receive options to purchase, sell, grant options to sell, exchange, grant or receive mortgages, trust deeds, and other security interests, and to lease and sublease;

To demand payment, compromise, take all lawful means to collect and recover, accept payment and grant discharges for all monies or other property belonging to me. This includes the right to file any claim and to file any legal or equitable proceeding to recover secured and unsecured notes, interest, dividends, government benefits, insurance proceeds, employee benefit plan proceeds, and bequests and inheritances. This shall include the power to receive, endorse, and collect the proceeds of any check payable to me and drawn upon the Treasury of the United States, the State of Oregon, or any other person;

My Agent shall be considered a personal representative for all purposes of Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), and the regulations thereunder. My Agent may request, receive and review all information regarding my physical or mental health, including, but not limited to, all medical, hospital and insurance records and any other HIPAA protected health information. My Agent may execute on my behalf all authorizations, releases or other documents that may be required in order to obtain this

information, and my Agent may consent to the disclosure of this information to third parties. I specifically empower and authorize my physicians, hospitals, health care providers and insurers to release all medical records to my Agent. Further, I waive all liability to any physician, hospital, health care provider or insurer who releases medical records to my Agent or their designee, and acknowledge that the health information that would otherwise be protected under HIPAA will no longer be protected or private.

To represent me in all tax matters. To prepare, sign, and file federal, state, or local income, gift, or other tax returns of all kinds, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time, ruling requests, petitions to the Tax Court or other courts regarding tax matters, and any and all other tax-related documents, including, without limitation, receipts, offers, waivers, consents (including, but not limited to, consents and agreements under Internal Revenue Code Section 2032A, or any successor section thereto), closing agreements, and any power of attorney form required by the Internal Revenue Service, the Oregon Department of Revenue, or other taxing authority with respect to any tax period; to pay taxes due, collect refunds, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service, the Oregon Department of Revenue, or other taxing authorities; to exercise any elections I have under federal, state, or local tax law; and generally to represent me in all tax matters and proceedings of all kinds and for all periods before all offices and officers of the Internal Revenue Service, the Oregon Department of Revenue, and any other taxing authority.

To continue or participate in the continued operation of any business in which I have an interest including, but not limited to, any partnership (limited or general), corporation, or sole proprietorship. My Agent may pay salaries, enter into buy-sell or similar agreements, and discontinue, sell, or liquidate that business interest at any time and on such terms as my Agent deems advisable.

To take all action necessary to manage any property interest of mine. This includes the powers to maintain, repair, improve, alter, lease, collect rentals, insure, and collect insurance proceeds. Further, my Agent may borrow money as my Agent deems advisable for the purpose of managing my property.

To prosecute, defend and settle any legal proceeding to which I am now or later become a party; employ and pay attorneys, investment counsel, accountants, and other persons as my Agent deems advisable; and pay any of my legally enforceable debts.

To disclaim any interest in property if such disclaimer is a qualified disclaimer under Internal Revenue Code Section 2518, and my Agent deems it appropriate after considering my existing and future needs; the tax consequences of such transfers; the estate, inheritance, and other transfer taxes which may become due upon my death; and the needs of my children and their issue.

Any third party may rely upon the representations of my Agent as to all matters relating to any power granted hereby to my Agent. No person who acts in reliance upon the authority granted hereby to my Agent, or upon any representation as to the continued existence of that authority by my Agent, shall incur any liability to me or my successors as a result of permitting my Agent to exercise any power granted hereby.

The authority and power granted hereby to my Agent shall not be affected by my later legal disability or incapacity. Further, the authority and power granted hereby to my Agent shall continue as long as my agent acts in good faith without actual knowledge of my death.

My Agent shall not be liable to me or my successors for any action taken or not taken by my Agent in good faith or in the absence of willful misconduct or gross negligence.

This instrument is to be construed and interpreted as a General and Durable Power of Attorney. This instrument is executed and delivered in the State of Washington and the laws of the State of Washington shall govern all questions as to the validity of this power and the construction of its provisions. If any provisions of this instrument is invalid for any reason, such invalidity shall not affect any of the other provisions of this power and any invalid provision shall be wholly disregarded. The enumeration of specific powers granted to my Agent herein shall not limit the scope of the general and the implied powers granted to my Agent herein.

I reserve the right to revoke or amend this power and to substitute agents but such revocation, amendment, or substitution may not be made by any other Agent of mine.

My Agent shall be entitled to reasonable compensation for services performed hereunder.

I intend by granting this power of attorney to give my Agent the broadest possible powers to represent my interests in all aspects of any transactions or dealings involving me or my property. However, I do not intend that the granting of any such power to my Agent cause the inclusion of any of my property in the gross estate of my Agent for federal estate tax purposes. Accordingly, my Agent shall not have any power to use my assets to satisfy any legal obligation of my Agent, to support any person (other than me or any person that I am legally obligated to support), or to exercise any incident of ownership over any life insurance policy insuring the life of my Agent of which I am the owner.

Signed on this 5 day of SEPTEMBER, 2017.

Wayne M. Bigley

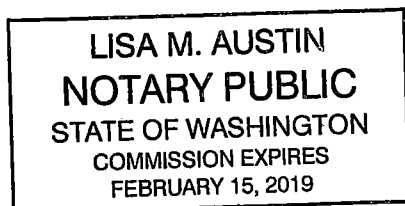
WAYNE M. BIGLEY

STATE OF WASHINGTON)

) ss.

County of Skamania)

This instrument was acknowledged before me by WAYNE M. BIGLEY on the 5 day of SEPTEMBER, 2017.



Lisa M. Austin
Notary Public of Washington

My Commission Expires: 2/15/19