

After recording return to:

ELK View
Rick Landacre
1416 NE 131st Ave
Vancouver, WA 98684

Please print legibly or type information.

Document Title(s)

POA

Grantor(s) Melissa K. Lyall

Additional Names on Page of Document

Grantee(s) Rick Landacre

Additional Names on Page of Document

Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section) TRACT 8 P+N SEC 24, T7N, R5E W.M.

Complete Legal Description on Page of Document

Auditor's Reference Number(s)

Skamania County
Real Estate Excise Tax

N/A
MAR 30 2021

PAID N/A
Skamania County Treasurer
[Signature]

Assessor's Property Tax Parcel/Account Number(s)
07052400050000

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

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.

Signature of Requesting Party(required for non-standard recordings only) GPCOVST. Doc rev4/02

General Power of Attorney

(with Durable Provision)

APARTMENT – CONDOMINIUM – HOUSE

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Melissa K. Lyall
of P.O. Box 250, Cougen, WA 98616
the undersigned Principal, do hereby make and grant a general power of attorney to RICK LANDACRE
of 1416 N.E. 131st AVE, VANC, WA 98684
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

If my Agent is unable to serve for any reason, I designate _____
of _____, as my successor Agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | | |
|---------------|-----|--|
| [<u>ML</u>] | (A) | Real estate transactions |
| [] | (B) | Tangible personal property transactions |
| [] | (C) | Bond, share and commodity transactions |
| [] | (D) | Banking transactions |
| [<u>ML</u>] | (E) | Business operating transactions |
| [] | (F) | Insurance transactions |
| [] | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated,
consult an attorney.) |
| [] | (H) | Claims and litigation |
| [] | (I) | Personal relationships and affairs |
| [] | (J) | Benefits from military service |
| [] | (K) | Records, reports and statements |
| [] | (L) | Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the
foregoing powers to any person or persons whom my attorney-in-fact/agent shall select |
| [] | (M) | Access to safe deposit box(es) |
| [] | (N) | To authorize medical and surgical procedures |
| [] | (O) | All other matters |

Durable Provision:

[NICK]

(P)

If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms: _____

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 17th day of JANUARY, 2005.

Signed in the presence of:

Witness:

[Signature]

Principal:

[Signature]

Witness:

[Signature]

Witness:

[Signature]

State of

WASHINGTON

County of

CLARK

On

1-17-05

before me,

BEVERLY J. GATTIS

, appeared

MELISSA LYALL

, personally known to

me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature:

[Signature]

Affiant Known ☒ Produced ID
Type of ID WAD L LYALL

(Seal)

Notary Public
State of Washington
BEVERLY J. GATTIS
My Appointment Expires Mar. 27, 2006

EXHIBIT "A"

A portion of the West half of the Southeast Quarter of Section 24, Township 7 North, Range 5 East, Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the West line of the Southeast Quarter of Section 24 that is North $00^{\circ} 23' 02''$ East, 1094.00 feet from the South Quarter corner of Section 24; thence South $89^{\circ} 56' 27''$ East, 59.64 feet to the centerline of a 60 foot private road easement; thence following said easement centerline along the arc of a 105 foot radius curve to the right (the radial bearing of which is North $73^{\circ} 56' 57''$ East), through a central angle of $64^{\circ} 03' 03''$, for an arc distance of 117.38 feet; thence North $48^{\circ} 00' 00''$ East, 155.00 feet; thence along the arc of an 840 foot radius curve to the left, through a central angle of $08^{\circ} 00' 00''$, for an arc distance of 117.29 feet to the intersection with the centerline of another 60 foot private road easement; thence following said latter easement centerline, South $84^{\circ} 00' 00''$ East, 170.00 feet; thence along the arc of a 400 foot radius curve to the left, through a central angle of $16^{\circ} 00' 00''$, for an arc distance of 111.70 feet; thence North $80^{\circ} 00' 00''$ East, 96.78 feet; thence leaving said easement centerline, South $00^{\circ} 23' 14''$ West, 74.19 feet to the Northeast corner of the West half of the Southwest Quarter of the Southeast Quarter of Section 24; thence continuing South $00^{\circ} 23' 14''$ West, 1316.97 feet to the Southeast corner of the West half of the Southwest Quarter of the Southeast Quarter of Section 24; thence South $89^{\circ} 55' 55''$ West, 660.46 feet to the South Quarter corner of Section 24; thence North $00^{\circ} 23' 02''$ East, 1094.00 feet to the Point of Beginning.