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WHEN RECORDED RETURN TO:

Travis Mathany
PO Box 221
Carson WA, 98610

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

Power of Attorney

REFERENCE NUMBER(S) of Documents assigned or released:

[] Additional numbers on page ____ of document.

GRANTOR(S):

1. Barbara J. Reynolds

2. _____

3. _____

4. _____

[] Additional names on page ____ of document.

GRANTEE(S):

1. Corrine S. Gentry

2. _____

3. _____

4. _____

[] Additional names on page ____ of document.

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

[] Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

[] 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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

POWER OF ATTORNEY DURABLE

KNOW ALL MEN BY THESE PRESENTS: That I, Barbara J. Reynolds, do hereby make, constitute and appoint Oren D. Reynolds my true and lawful attorney, and in the event she is unwilling or unable to act as such, I appoint Corrine S. Gentry, my true and lawful attorney, with power:

- (1) To take possession of, manage, administer, operate, maintain, improve and control all my property, real and personal, to insure and keep the same insured and to pay any and all taxes, charges and assessments that may be levied or imposed upon thereof;
- (2) To collect and receive any money, property, debts or claims whatsoever, as are now or shall hereafter become due, owing and payable or belonging to me and to give receipts, acquittance or other sufficient discharge for any of the same;
- (3) To make expenditures for my care, support, maintenance and reasonable comforts;
- (4) To make investments and changes of investments in such income bearing securities, including common and preferred stocks of corporations, or other property, real or personal, as my said attorney in its discretion may deem prudent;
- (5) To pay my debts and other obligations; to sue upon, defend, compromise, submit to arbitration or adjust any controversies in which I may be interested; and to act in my name in any complaints, proceedings or suits with all the powers I would possess if personally present and under no legal disability;
- (6) To bargain for, buy and deal in property and goods of every description;
- (7) To grant, sell, mortgage, pledge, consign, lease, hypothecate and in any and every manner deal in and with my property, both real and personal;
- (8) To advance its own funds on my behalf and to borrow any sums of money on such terms and at such rate of interest as to my said attorney may seem proper and to give security for the repayment of the same;
- (9) To make and deliver any conveyances, contracts, covenants and other instruments, undertakings or agreements, either orally or in writing, of whatever kind and nature which my said attorney in its discretion shall deem to be for my best interests;
- (10) To sign, endorse, sell, discount, deliver and deposit checks, drafts, notes and negotiable instruments and to accept drafts;
- (11) To appear and vote for me in person or as my proxy at any corporate or other meeting;
- (12) To have access to any safety deposit box which has been rented in my name or in the name of myself and any other person or persons;
- (13) To withdraw any monies deposited with any bank, mutual savings bank or savings and loan association in my name or in the

name of myself and any other person or persons and generally to do any business with any such financial institution on my behalf;

(14) To appoint and substitute for itself, agents or attorneys to perform any or all of the above duties and thereafter to revoke such authority as it deems advisable;

(15) To execute and deliver deeds, checking accounts, savings accounts, credit union accounts, ownership of policies of life insurance, time certificates of deposit, stock and bond powers, assignments of notes, mortgages, patents, contracts, deeds of trust, covenants, royalties, indentures and agreements, and any other asset, property right or thing of value, and to perform all and every act and thing whatsoever requisite and necessary to be done to transfer assets belonging to me to any person or corporation; and in furtherance thereof, my said attorney in fact is authorized to enter any safe deposit box in my name to remove and deliver the contents or any part thereof.

(16) To have authority to receive confidential information and full power to perform on behalf of the undersigned the following acts with respect to any and all tax matter; to receive payment of any refund, to execute waivers of restriction on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund; to execute consents extending the statutory period for assessment or collection of taxes, to execute closing agreements under section 7121 of the Internal Revenue Code; to delegate authority or to substitute another representative.

(17) To make any transfers of my property, both real and personal at his/her discretion, to allow me to qualify for medical assistance or the limited casualty program for the medically needy. This authorization includes the right of my attorney in fact to remake any community property agreements to which I am a party.

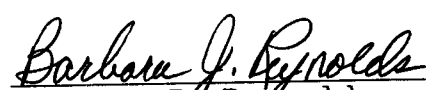
(18) To consent to my medical treatment and to make decisions concerning my medical treatment respecting my right to be left alone, even though the exercise of my right may hasten death or be against conventional medical advice. My attorney in fact may take appropriate legal action, if necessary, in the judgment of my attorney in fact to enforce my rights in this regard.

(19) This power of attorney shall become effective upon the disability of myself and shall have no effect until such disability occurs.

I authorize my said attorney for me and in my name generally to do and perform all and every act and thing whatsoever requisite and necessary to be done in the premises, to conduct, manage and control all my business and my property, wheresoever situated, as it may deem for my best interest and to execute and acknowledge any and all instruments necessary or proper to carry out the foregoing powers, hereby releasing all third persons from responsibility for its acts and omissions.

The powers of my attorneys herein described shall be exercisable by my said attorney on my behalf, notwithstanding that I may become legally disabled or incompetent.

In Witness Whereof, I have hereunto set my hand and seal this 21 day of Feb., 1995.


Barbara J. Reynolds

STATE OF WASHINGTON)

) ss.

County of Klickitat)

On this day personally appeared before me Barbara J. Reynolds, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged to me that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and seal this 21st day of February, 1995.

SO Thomas Penick
Notary public for Washington,
residing at Trout Lake therein.
My commission expires 3/7/98

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