

**WHEN RECORDED RETURN TO:**

Joyce Ramsey

Po Box 1275

Stevenson WA 98648

Skamania County, WA  
Total: \$354.50  
POA  
Pgs=2

2025-000284

02/26/2025 03:16 PM

Request of: JOYCE RAMSEY



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)

Revocation of Power of Attorney

**REFERENCE NUMBER(S)** of Documents assigned or released:

Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

- 1. Joyce L. Ramsey
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

- 1. Holly L Hollinger
- 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."

Kera Auerkan

Signature of Requesting Party

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

# Revocation of Power of Attorney



Use this form if you want to **cancel** (revoke) a Power of Attorney. We recommend you sign this form in front of a notary, but notarization is not required.

My name is Joyce Lynn Ramsey. I hereby revoke the Power of Attorney for

Finances

Health Care

that I gave to (agent name) Holly L. Hollinger and (alternate agent name, if any): \_\_\_\_\_

▶ Joyce L Ramsey  
Sign here

3-21-24  
Date

## Notarization (Optional)

State of Washington

County of Skamania

Signed or attested before me on (date) 3-21-24  
by (name) Joyce Lynn Ramsey



▶ Betty Whitney  
Signature of Notary  
Notary Public for the State of Washington.  
My commission expires 10-29-24