


WHEN RECORDED MAIL TO:

Columbia Gorge Title
41 SW Russell Ave.
Stevenson, WA 98648
(509) 427-5681

Skamania County, WA
Total: \$309.50
POA
Pgs=7
Request of: COLUMBIA GORGE TITLE
2025-001084
07/16/2025 11:19 AM

00021778202500010840070071

DOCUMENT TITLE(S)

Power of Attorney New York Statutory Short Form

GRANTOR(S):

Richard W Lehmann

Skamania County
Real Estate Excise Tax

N/A

GRANTEE(S):

Robert J Lehmann

JUL 16 2025

PAID

Skamania County Treasurer

ABBREVIATED LEGAL DESCRIPTION:

A tract of land in the Southwest Quarter of the Southeast Quarter of Section 15, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the MARTHA LEHMANN Short Plat, recorded in Book 2 of Short Plats, Page 107, Skamania county Records.

TAX PARCEL NUMBER(S):

03-10-15-0-0-1601-00

Skamania County Assessor

Date 7-16-25 Parcel# 03101500160100
Y-M



POWER OF ATTORNEY NEW YORK STATUTORY SHORT FORM

(a) **CAUTION:** Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.nysenate.gov or www.nyassembly.gov.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) **DESIGNATION OF AGENT(S):**

I, Richard W. Lehmann
(*name of principal*)

169 W 78th St, Apt. 2, New York, NY 10024
(*address of principal*)

hereby appoint:

Robert J. Lehmann
(*name of agent*)

16813 SE Evergreen Hwy, Vancouver, WA 98683
(*address of agent*)

as my agent.



- (c) **This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications.”**
- (d) **This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications.”**
- (e) **GRANT OF AUTHORITY:**
To grant your agent some or all of the authority below, initial the bracket at each authority you grant.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- (X) (A) real estate transactions – solely for the purpose of the sale of the property located at 13171 Cook-Underwood Road, Underwood, WA 98651 to Eli Lehmann and Heather Gregory;
- () (B) chattel and goods transactions;
- () (C) bond, share, and commodity transactions;
- () (D) banking transactions;
- () (E) business operating transactions;
- () (F) insurance transactions;
- () (G) estate transactions;
- () (H) claims and litigation;
- () (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars;
- () (J) benefits from governmental programs or civil or military service;
- () (K) financial matters related to health care; records, reports, and statements;
- () (L) retirement benefit transactions;
- () (M) tax matters;
- () (N) all other matters;
- () (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- () (P) EACH of the matters identified by the following letters: _____

You need not initial the other lines if you initial line (P).



(f) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(g) TERMINATION:

This Power of Attorney is effective only for the period of July 7, 2025 through the close of business on July 28, 2025.

(h) SIGNATURE AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on July 1, 2025

PRINCIPAL signs here: =====>

Richard W. Lehmann
RICHARD W. LEHMANN

STATE OF NEW YORK)
)
COUNTY OF NEW YORK)

ss:

On the 1st day of July, 2025, before me, the undersigned notary public, personally appeared **RICHARD W. LEHMANN**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Michael W. Rennock
Notary Public

MICHAEL RENNOCK
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02RE4946873
Qualified in New York County
My Commission Expires: 4/11/27



(n) **SIGNATURE OF WITNESSES:**

By signing as a witness, I acknowledge that the principal signed the Power of Attorney in my presence and in the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Power of Attorney reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as an agent or as a permissible recipient of gifts.

7/1/2025

Date



Signature Witness 1

Zachery Sherman

Print name

810 7th Avenue

Address

New York, NY 10019

City, State, Zip Code

7/1/2025

Date



Signature Witness 2

Lina Maria Diaz

Print name

119 Scotchpine Dr.

Address

Islandia, NY, 11749

City, State, Zip Code



(o) IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all transactions conducted for the principal or keep all receipts of payments and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in the modifications section of this document or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.



(p) **AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

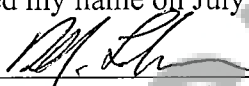
It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I, **ROBERT J. LEHMANN**, have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

In Witness Whereof I have hereunto signed my name on July 14, 2025

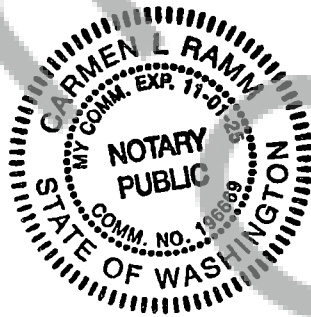
Agent signs here: ==>

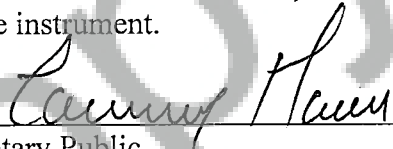

ROBERT J. LEHMANN

STATE OF Washington)
)
COUNTY OF Clark)

ss:

On the 14 day of July, 2025, before me, the undersigned notary public, personally appeared **ROBERT J. LEHMANN**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.




Notary Public