77

## GENERAL POWER OF ATTORNEY

(To be prepared only under the supervision Legal Assistance Officer or Civilian Attorney.)

KNOW ALL MEN BY THESE PRESENTS, that I (state full yame, title, grade, service number & SSAN, as nicable) ROBERT E. RIDER, TSGT, USAF, 539-09-9557 applicable) RUBERT E. RIDER, 1301, USAF, 339-09-9931

a legal resident of 612 Thames St.

County (City) of Okaloosa (Fortwalton Beach) , State of Florida

and presently stationed or residing at Udorn RTAFB, Thailand

desiring to execute a GENERAL POWER OF ATTORNEY have made, constituted and appointed, and by these

desiring to execute a GENERAL POWER OF ATTORNEY have made, constituted and appointed, and by these presents do make, constitute and appoint My Wife, MRS, ELIZABETH ANN RIDER, whose address (include ZIP code) is 10k kth St.

County (City) of (Midland) Klamath , State of Oragon 9763k

my Attorney-in-Fact for me and in my name, place and stead to do and perform all acts, deeds, matters and things whatever concerning my exposure and paragonal affects accounts and additable in the index of the concerning my exposure and paragonal affects accounts and additable in the index of the concerning my exposure and paragonal affects accounts and additable in the index of the concerning my exposure and paragonal affects accounts and additable in the index of the concerning my exposure and paragonal affects accounts and additable in the index of the concerning my exposure and paragonal affects account and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the index of the concerning my exposure and additable in the concerning my exposure and additable my exp

soever concerning my property and personal affairs necessary and advisable in the judgment of my said Attorneyin-Fact as fully and effectually to all intents and purposes as I could do if personally present and acting, includ-

County (City) of County (City) of my Actorrephin-Pace for me and in my name, place and stead to to and perform all acts, deeds, matters and talings where my control to the county of th

extend and renew the same, as well as any indebtedness heretofore incurred by me, for the payment of which I may in any
way be liable;

5. TAXES: to make, execute and file income and all other tax
returns and declarations of estimated tax required to be made
by me by any law or regulation of any government or governmental authority, to represent and act for me in all tax matters in dispute or litigation, in any governmental department,
board or court, to receive, endorse, and collect checks in settlement of any refund of taxes, to execute consents agreeing to a
later determination of taxes than is provided by statutes of limitation, to execute closing agreements relative to tax liabilities, to
file claims for abatement, refund, or credit taxes, to make any
adjustments or settlements and to sign any and all receipts,
waivers, settlements or agreements pertaining to all income or
other taxes assessed against, me or my property by statute.

6. GOVERNMENT DOCUMENTS, VOUCHERS AND
CHECKS: (a) to execute, sign and deliver any and all government reports, applications, requests, vouchers and demands
in my behalf, including but not limited to those for any and
all allowances and reimbursements properly payable to me by
the United States such as for the transportation of dependents
or for the shipment of household effects or other property as
authorized by law or regulations;
(b) to receive, endorse and collect the proceeds of checks payable
to my order drawn on the Treasurer of the United States for
whatever account, and to execute in my, name and on my behalf, all bonds, indemnities, applications or other documents,
which may be required by law or regulations to secure the is
suance of substitutes for such checks, and to give full discharge for
the same.

7. INSURANCE TRANSACTIONS: (a) to pay the premiums

suance of substitutes for such checks, and to give full discharge for the same.

7. INSURANCE TRANSACTIONS: (a) to pay the premiums on, modify, rescind, release, terminate, or execute any rights, privileges, or options on any contract of life, accident, health, disability, liability, property or other insurance presently owned by me or by any person on my behalf, or hereafter acquired. (b) to procure new, different, or additional contracts of insurance on my life or with respect to protecting me or my property from ill health, disability, accident, liability, or loss; (c) to apply for, and receive, any loan on the security of any contract of insurance, to surrender and receive the cash surrender value, to exercise any election or conversion rights, and to demand, receive or obtain any money, dividend or other thing of value to which I am or to which I may become entitled as the proceeds or other return or profit arising out of any contract of insurance or of any one or more of the insurance transactions herein enumerated;

8. PERSONAL TRANSACTIONS; (a) To do all acts necessive.

ance transactions herein enumerated;

8. PERSONAL TRANSACTIONS; (a) To do all acts necessary for maintaining the customary living standard of my dependents including, by way of illustration but not limitation, provision of such living quarters and their maintenance and operation, food, clothing, medical, surgical and dental care, educational facilities, and other incidentals to which my dependents are accustomed.

(b) to continue the discharge of any service or duties assumed by me to my family, relatives or friends, and to continue ray-

by me to my family, relatives or friends, and to continue payments incidental to my membership in, or affilation with, any church, club, society, or other organization:

ments incidental to my membership in, or affilation with, any church, club, society, or other organization;

9. REPRESENTATION AND EMPLOYMENT OF ASSIS f-ANCE: (a) On my behalf and in my name or the name of my Attorney, to institute, prosecute, appear in, defend, compromise, arbitrate, settle, or dispose of any legal, equitable or administrative hearings, actions, suits, attachments, claims or other proceedings, to which I am or may become a party or in which I have an interest, and to engage and dismiss counsel in connection therewith, authorizing my Attorney-in-Fact to assert or to waive any or all rights, privileges and defenses available to me under the Soldiers' and Sallors' Civil Relief Act or other

AF JAN 69 165 PREVIOUS EDITION WILL BE USED UNTIL 30 JUN 69

legislation designed for the protection of personnel in the Armed legislation designed for the protection of personner in the state of Forces or their dependents:

(b) to hire, engage, employ and appoint agents, employees and counsel upon such terms and conditions and at such compensation as my said Attorney-in-Fact shall deem proper in the exercise of the powers herein granted; to dismiss and remove at pleasure any such agents, employees and counsel as well as

any agents, employees and counsel heretofore or hereafter employed by me or in my behalf.

10 MISCELLANEOUS, (a) To sign, seal, acknowledge and

Wet De Bot 88 - much and the

deliver any instrument necessary to accomplish any of the powers herein granted;

(b) To modify, reform, renegotiate, or rescind any contract or

obligation heretofore or hereafter made by me or in my behalf.

GENERAL PROVISIONS: (a) All business transacted hereunder for me or for my account shall be transacted in my name, and all indorsements and instruments executed by my Attorney-in-Fact for the purpose of carrying out any of the foregoing powers, shall contain my name, followed by that of my Attorney-in-Fact and the designation, "Attorney-in-Fact";

(b) I hereby ratify and confirm all lawful acts done and caused to be done by my said Attorney-in-Fact pursuant to this Power of Attorney, and I direct that it shall continue in effect until the termination date herein specified unless sooner terminated by me or by operation of law. Notwithstanding my insertion of a specific expiration date herein, IF on said date 1 should be, or have been, carried in a military status of "Missing," "Missing in Action," or "Prisoner of War," this Power of Attorney shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to UNITED STATES MILITARY CONTROL following termination of such "Missing," "Missing in Action," "Prisoner," or "Prisoner of War" status.

(c) If the authority contained herein shall be revoked or terminated by operation of law without notice, I hereby agree for myself. executors, administrators, heirs and assigns, in consideration of my attorney's willingness to act pursuant to this Power of Attorney to save and hold my attorney harmless from any loss suffered or any liability incurred by my attorney in so acting after such revo-

(d) Unless sooner revoked by me or terminated by law, this Power of Attorney shall be NULL AND VOID on and after 10 November 1

Witnesses: Dean C. Williams, SSGT, USAF

Seaside, Calif, 555-58-8853

M Kokoldris GEORGE M. KOKOLSKI, SSGT, USAF

Lincoln, Rhode Toland, 036-30-3597

## IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:

State of County (City)

a Notary Public in and for the County (City) and State aforesaid, do hereby certify \_, before me personally appeared\_ that on the...

who is known by me to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and scaled the same on the date it bears as his true, free and voluntary act and deed for the uses, purposes and considerations the

In Witness Whereof, I have hereunto set my hand and official seal this day and year above

My Commission Expires:

## IF ACKNOWLEDGED BEFORE A MILITARY PERSON AUTHORIZED TO ADMINISTER OATHS:

(See AFR 110-6 for statutory provisions authorizing Armed Forces Personnel to perform Notarial Acts and for instructions on completing certificate of acknowledgment.)

With the United States Armed Forces Udorn RTAFB, Thailand At Capt David A. Johnson November ify that on this Oday of November
SN & SSAN 539-09-955 Whose home , before me, personally appeared Thames St., Florida \_\_\_, and who is known to me to be address (include ZU code) is E. Rider, USAF , and to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and sealed the same, on the date it bears as his true, free and voluntary act and deed, for the uses, purposes and considerations therein set forth. And I do further certify that I am at the date of this certificate a communications therein set forth. officer of the grade, branch of service and organization stated below in the 300 Feeting of the United States Armed Forces, that by statute no seal is required on this certificate and that same is executed by experience of the United States Armed Forces, that by ACTURAL TORNSON MATERIAL

(Signature of Officer)

HQ L32 CSGp (PACAF)

D. 136 VISOF -144-14-6887

10 USC (Sorgice N. A SAN, grade and branch of service) Tulsa,

(Command or organization)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MRS . ROBERT RIDER this 29th day of MARCH A.D., 19.72 at 12;40 o'clock P.M., and duly recorded in

Vol. M. 72 , of GENERAL POWER OF on Page 3270

Fee \$4.00

INDEX D

By Total Dissert County Clerk

By Total Dissert County Clerk