

DURABLE POWER OF ATTORNEYArticle I. Declarations

- I.1 This durable power shall take effect upon its execution unless some other date is specified.
- I.2 I, Wanda T. Siens, currently living at 4519 Cannon Avenue, # 10, Klamath Falls, Oregon, 97603, appoint Marcella Siens as my Attorney-in-Fact with full power to carry out those acts specific in Article II in accordance with the direction specified herein.

Article II. Powers Granted

- 2.1 The following powers are granted to my Attorney-in-fact to be used for my benefit in accordance with the direction specified herein.
- 2.2 As to any assets, real or personal, standing in my name, held for my benefit and on my behalf, I confer the following upon my Attorney-in-Fact.
1. As to any commercial, checking, savings, savings and loan, money market, Treasure bills, mutual fund accounts, safe deposit boxes, in my name or opened for my behalf - to open, withdraw, deposit into, close, and to negotiate, endorse, or transfer any instruments affecting those accounts.
 2. As to any promissory note receivables, secured or unsecured, or any accounts receivable - to collect on, compromise, endorse, borrow against, hypothecate, release and reconvey that note and any related deed of trust.
 3. As to any shares of stock, bonds, or any documents or instruments defined as securities under law - to open accounts with stock brokers (on cash or on margin), buy, sell, endorse, transfer, hypothecate and borrow against.
 4. As to any real property, to collect rents, disburse funds, keep in repair, hire professional property managers, lease to tenants, negotiate and renegotiate leases, borrow against, renew any loan, sign any documents required for any such transaction, and to sell, subject to confirmation of court, any of the real property.
 5. To hire and pay from the funds for counsel and services of professional advisors, physicians, dentists, accountants, attorneys and investment counselors.
 6. As to my income taxes and other taxes - to sign my name, hire preparers and advisors and pay for their services from my funds, and to do whatever is necessary to protect my assets from assessments as though I did

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those acts myself.

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7. To apply for government and insurance benefits, to prosecute and to defend legal actions, to arrange for transportation and travel, and to partition community property to create separate property for me.
 8. To sign and deliver a valid disclaimer under the Internal Revenue Code and the Probate Code, when, in your judgment, my own and my heirs' best interests would be served to that end, to hire and to pay for legal and financial counsel to make that decision as to whether to file that disclaimer.
 9. To manage tangible personal property, including but not limited to, moving, storing, selling, donating, or otherwise disposing said property.
 10. To make arrangements for my funeral and burial as I have made my desires known and to do whatever is necessary to see that my desires are carried out, including prepaying expenses and selecting mortuary services, as though I did those acts myself.
 11. To make gifts to my children and grandchildren conforming to gift patterns made in earlier years, provided that due care is given to my future needs in the event of incapacity or disability.
 12. To create one or more trusts for my benefit and to contribute to such trust and receive income and/or principal from such trusts in accordance with their terms.
 13. To claim an elective share of the estate of my deceased spouse.
 14. To renounce fiduciary positions.
- 2.3 As to decisions related to my health care, I hereby grant the following powers to my Attorney-in-Fact.
1. To authorize or withhold authorization for medical and surgical procedures.
 2. To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
 3. To arrange for my discharge, transfer from, or change in type of care provided.
 4. To arrange and pay for consultation, diagnosis or assessment as may be required for my proper care and treatment.

Article III. Nomination of Guardian

- 3.1 If, after execution of this durable power of attorney, incompetency proceedings are initiated either for my estate

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of my person, I hereby nominate as my guardian for consideration by the court Marcella Siens residing at Harriman Route Box 50, Klamath Falls, OR 97601.

I hereby sign my name to this Durable Power of Attorney this 6th day of October, 19 86.

Wanda T. Siens

STATE OF OREGON)
) ss.
County of Klamath)

Personally appeared the above named Wanda T. Siens and acknowledged the foregoing instrument to be Wanda T. Siens's voluntary act and deed.

Before me:

James H. Johnson
Notary Public for Oregon
My commission expires 2/2/88

POWER OF ATTORNEY

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TO

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Marcella Siens
Harriman Rt. Box 50
Klamath Falls, OR 97601
NAME, ADDRESS, ZIP

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STATE OF OREGON)
) ss.
County of Klamath)

I certify that the within instrument was received for record on the 7th day of October, 19 86 M, 1:52P.M. and recorded in book/ reel/ volume No. M86, on page 18294 or as fee/file/instrument/ microfilm/receptionist No. 66844, Record of Power of Attorney said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE
By Bernetha J. Peters Deputy

Fee \$13.00