

72498

Aspen Title #M-30855

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GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Stella C. McClung* County of Klamath, State of Oregon

, of the

reposing special trust and confidence in Keith E. McClungthe _____ County of Klamath, State of Oregon

, of

have made, constituted and appointed, and by these presents do make, constitute and appoint the said Keith E. McClung

_____ my true and lawful attorney to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me. I grant to my said attorney full power and authority to do and perform all and every act necessary in exercising any of the powers granted herein as fully as I might do if personally present, with full power of revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue of this Power of Attorney.

**This Power of Attorney shall not be affected by disability of the principal.

~~***This Power of Attorney shall become effective upon the disability of the principal.~~

EXECUTED this 12th day of March, 19 87.

Stella C. McClung
PRINCIPAL

STATE OF ColoradoCounty of Garfield

} ss.

The foregoing instrument was acknowledged before me this 12th day of March 1987, by Stella C. McClung

My commission expires

Return To:
Keith McClung
Rt. 1, Box 624A
City, 97603

6-22-1988 . Witness my hand and official seal.

Phyllis Pollard
Notary Public
326 Profontaine Rife Co.
Address

*If in Denver, insert "City and."

**Strike either or both according to fact.

87 MAR 17 AM 10 21

4517

STATE OF

SS.

County of

Being of lawful age, the undersigned hereby affirms that on the _____ day of _____, 19____, (s)he had no knowledge of the revocation or termination of the Power of Attorney by death, disability or incompetence of the principal.*

*Strike where applicable according to fact.

Subscribed and sworn on before me this _____ day of _____, 19____,

My commission expires _____, 19____.

Witness my hand and official seal.

Notary Public

Address

15-14-501. When power of attorney not affected by disability. (1) Whenever a principal designates another his attorney-in-fact or agent by a power of attorney in writing and the writing contains the words "This power of attorney shall not be affected by disability of the principal," or "This power of attorney shall become effective upon the disability of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding his disability, the authority of the attorney-in-fact or agent is exercisable by him as provided in the power on behalf of the principal notwithstanding later disability or incapacity of the principal at law or later uncertainty as to whether the principal is dead or alive. All acts done by the attorney-in-fact or agent pursuant to the power during any period of disability or incompetence or uncertainty as to whether the principal is dead or alive have the same effect and inure to the benefit of and bind the principal or his heirs, devisees, and personal representative as if the principal were alive, competent, and not disabled. If a conservator thereafter is appointed for the principal, the attorney-in-fact or agent, during the continuance of the appointment, shall account to the conservator rather than the principal. The conservator has the same power the principal would have had if he were not disabled or incompetent to revoke, suspend, or terminate all or any part of the power of attorney or agency.

(2) An affidavit, executed by the attorney-in-fact or agent, stating that he did not have, at the time of doing an act pursuant to the power of attorney, actual knowledge of the termination of the power of attorney by death is, in the absence of fraud, conclusive proof of the nontermination of the power at that time. If the exercise of the power requires execution and delivery of any instrument which is recordable, the affidavit when authenticated for record is likewise recordable.

15-14-502. Other powers of attorney not revoked until notice of death or disability. (1) The death, disability, or incompetence of any principal who has executed a power of attorney in writing, other than a power as described by section 15-14-501, does not revoke or terminate the agency as to the attorney-in-fact, agent, or other person who, without actual knowledge of the death, disability, or incompetence of the principal, acts in good faith under the power of attorney or agency. Any action so taken, unless otherwise invalid or unenforceable, binds the principal and his heirs, devisees, and personal representatives.

(2) An affidavit, executed by the attorney-in-fact or agent, stating that he did not have, at the time of doing an act pursuant to the power of attorney, actual knowledge of the revocation or termination of the power of attorney by death, disability, or incompetence is, in the absence of fraud, conclusive proof of the nonrevocation or nontermination of the power at that time. If the exercise of the power requires execution and delivery of any instrument which is recordable, the affidavit when authenticated for record is likewise recordable.

No.

POWER OF ATTORNEY

TO

OREGON
STATE OF ~~COLORADO~~
County of Klamath

SS.

I hereby certify that this instrument was filed for record in my office at

10:21 . o'clock AM, 19 87
and duly is recorded in book March 19th
887

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Film No. 72498 Reception No. _____

Evelyn Biehn, County Clerk

Recorder

By

Deputy

Fees: \$9.00
Fees, \$ _____

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