SPECIAL POWER OF ATTORNEY

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1. Principal gives and grants to Attorney-in-Fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as it might or could do if personally present. Principal ratifies and confirms all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this special power of attorney.

2. This Special Power of Attorney shall not be affected by disability of the Principal.

3. This Special Power of Attorney may be revoked by the Principal giving actual written notice to anyone dealing with the attorney-in-fact or by recording a Revocation of Power of Attorney with the County Recorder of Klamath County Oregon If this Special Power of Attorney is not revoked within 6 months from its effective date by recording a Revocation, it shall be considered to be renewed and effective for additional 6 months periods until either revoked by recording a Revocation of Power of Attorney or expired pursuant to the expiration date. The failure of the Principal to record this Revocation shall be construed as a renewal of the Power of Attorney.

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This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

1. This document may provide the person you designate as your attorney-in-fact with broad powers to dispose, sell, convey, and encumber your real and personal property.

2. These powers will exist for an indefinite period of time unless you limit their duration in this document. These powers will continue to exist notwithstanding your subsequent disability or incapacity.

3. You have the right to revoke or terminate this durable power of attorney at any time by (a) recording a revocation in the public office designated for that purpose on this Special Power of Attorney and (b) directly notifying your attorney-in-fact and anyone who may be dealing with your attorney-in-fact with respect to your property or other matters.

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Signatures of	of Witnesses		
STATE OF ARIZONA COUNTY OF MARICOPA Date of this acknowledgement	SS. Public, per onally appeared Douglas I known to me or satisfactorily name is substribed to this inst he executed the same. If this a representative capacity, it in the capacity indicated.	proven to be the person whose trument and acknowledged that person's name is subscribed in is for the principal named and	Signature of Notary Public ss. Mary D. Xlensley Notary Expiration Date 4-21-1988
STATE OF	Acknowledgement. On the Public, personally appeared ss.		Signature of Notary Public
COUNTY OF	known to me or satisfactorily	proven to be the person whose	Notary Expiration Date
Date of this acknowledgement	i l	trument and acknowledged that person's name is subscribed in is for the principal named and	

STATE O	F OREGON: COU	NTY O	F KLA	MATH: ss.			
Filed for of	record at request	of	19 87	Mountain Ti	o'clockP	M., and duly recorded in ge5108	27th day 7 Vol
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