

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 This durable power shall not be affected by the subsequent disability or incapacity of the principal.
- I.3 I, BEN T. CORNELL, currently living at 4033 FRIEDA STREET, KLAMATH FALLS, OREGON, zip 97603, appoint GLADYS M. CORNELL as my Attorney-in-Fact with full power to carry out those acts specific in Article II, III, and IV 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, Treasury 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 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.
  3. 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.
  4. To hire and pay from the funds for counsel and services of professional advisors, physicians, dentists, accountants, attorneys and investment counselors.

5. 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 those acts myself.
  6. 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.
  7. 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.
  8. To manage tangible personal property, including but not limited to, moving, storing, selling, donating, or otherwise disposing of said property.
  9. 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.
  10. To claim an elective share of the estate of my deceased spouse.
  11. 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.
- 2.4 The paragraphs below reflect my instructions relating to

decisions to withhold or withdraw life-sustaining treatment. Furthermore, I direct my Attorney-in-Fact to convey the following to any physicians, nurses, caregiving organizations, including but not limited to hospitals, nursing homes, mental institutions, boarding facilities and others which may carry some responsibility for my care.

1. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used.
2. If I have an incurable or terminal condition or illness and no reasonable hope of long term recovery or survival, I desire that life-sustaining or prolonging treatments not be used.
3. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the the expected benefits. My Attorney-in-Fact is to consider the use of drugs to relieve suffering from pain. My Attorney-in-Fact is to consider the relief or suffering, the preservation or restoration of functioning and the quality as well as the extent of the possible extension of my life.

#### Article III. Nomination of Guardian

- 3.1 If, after execution of this durable power of attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian for consideration by the court GLADYS M. CORNELL residing at 4033 FRIEDA STREET, KLAMATH FALLS, OREGON 97603.

#### Article IV. Nomination of Alternate Attorney-in-Fact and Guardian

- 4.1 If, after execution of this durable power of attorney, my attorney-in-fact named in paragraph 1.3 is not available or becomes ineligible to act as my attorney-in-fact or loses the mental capacity to make these decisions for me, then I designate and appoint the following person to serve as my attorney-in-fact: DON OWENS, 1345 Johnson Street, Klamath Falls, OR 97601

I hereby sign my name to this Durable Power of Attorney this 23 day of June 19 88.

BEN T. CORNELL  
BEN T. CORNELL

STATE OF OREGON )  
 ) ss.  
 County of Klamath )

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

Before me:

Notary Public for Oregon

My commission expires 5/5/92

POWER OF ATTORNEY

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TO

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Ben T. Cornell

4033 Triola

H. Falls 97603

NAME, ADDRESS, ZIP

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Fee \$20.00

STATE OF OREGON )  
 ) ss.  
 County of Klamath )

I certify that the within instrument was received for record on the 23 day of June, 1988 A.M., and recorded in book/reel/ volume No. M88 on page 9796 or as fee/file/instrument/microfilm/receptionist No. 88503, Record of Power of Attorney said County.

Witness my hand and seal of County affixed.

Evelyn Biehn County Clerk

NAME TITLE

By Pauline Mueller Deputy