

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, Lillie E. Williams, currently living at 217 N. 3rd Street, Chilgoquin, OR 97624, appoint Greta Sorensen as my Attorney-in-Fact with full power to carry out those acts specific in Articles II, and III in accordance with the direction specified herein.
- I.4 This durable power of attorney shall serve as a revocation of all other powers of attorney granted prior to the execution of this document.

Article II. Powers Granted

- 2.1 The following powers are granted to my Attorney-in-Fact to be used for my benefit and on my behalf in accordance with the direction specified herein.
- 2.2 As to any assets, real or personal, standing in my name, held for my benefit or acquired for my benefit, I confer the following powers upon my Attorney-in-Fact.
1. As to any commercial, checking, savings, savings & loan, money market, Treasury bills, mutual fund accounts, safe deposit boxes, in my name or opened for my benefit - to open, withdraw, deposit into, close, and to negotiate, endorse, or transfer any instrument affecting those accounts.
 2. As to any promissory note receivable, 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

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documents required for any such transaction, and to sell any of the real property.

5. To hire and pay from my funds for counsel and services of professional advisors, physicians, dentist, 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 those acts myself.
 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 of said property.
 10. To make arrangements for my funeral 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 create one or more trusts for my benefit and to contribute to such trusts and receive income and/or principal from such trusts in accordance with their terms.
 12. 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 within the limitations specified in paragraph 2.4:
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 Listed below are paragraphs which reflect my instructions to my Attorney-in-Fact with respect to decisions to withhold or withdraw life-sustaining treatment. Furthermore, I direct my Attorney-in-Fact to convey this instruction 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 expected benefits. 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.

2.4(A) In accordance with Oregon Revised Statutes Ch. 97.050 - 97.090, I have executed a Directive to Physicians, also known as a Living will, as evidence and confirmation of these wishes.

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 Greta Sorensen residing at 304 West J, Benicia, CA 94510

I hereby sign my name to this Durable Power of Attorney this 29th day of June, 1989.

Lillie R. Williams
Lillie R. Williams

STATE OF OREGON

County of Klamath

) ss.

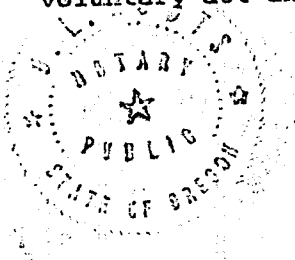
June 29, 1989

Personally appeared the above-named Lillie R. Williams and acknowledged the foregoing instrument to be Lillie R. Williams's voluntary act and deed.

Before me:

NOTARY PUBLIC FOR OREGON

My Commission expires: 11-24-89



POWER OF ATTORNEY

STATE OF OREGON

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)ss.

County of Klamath)

I certify that the within instrument was received for record on the 29th day of June, 1989 M, and recorded in book/reel/volume No. M89, on page 11726 or as fee/file/instrument/microfilm/receptionist No. 2070, Record of Power of Attorney said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE
By Pauline Muehlen Deputy

TO

Return:

Greta Sorenson304 West J St.Benicia, Ca. 94510

NAME, ADDRESS, ZIP

Fee 20.00