

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That LLOYD W. MORRISON does by these presents appoint ROBERT A. MORRISON attorney in fact for me and in my name.

59 JUN 2 PM 1
This Power of Attorney shall become effective only upon my incapacity. I shall conclusively be deemed incapacitated for the purposes of this Power of Attorney when my Attorney in Fact receives a separate written and signed opinion from two licensed independent physicians that I am either physically or mentally incapable of making the decisions which are the subject matters of the powers granted by this Power of Attorney. Such written opinions, when received, shall be attached to this Power of Attorney. Third parties may rely on my Attorney in Fact's authority without further evidence of incapacity when this Power of Attorney is presented with such physicians' opinions attached. No licensed physician who executes an opinion of incapacity shall be subject to liability because of such execution. I hereby waive any privilege that may apply to release of information included in such medical opinion. While I am not incapacitated, this Power of Attorney may be modified by me at any time by written notice given by me to my Attorney in Fact and may be terminated at any time by either me or my Attorney in Fact by written notice given by the terminating party to the other party. This Power of Attorney shall continue after my incapacity in accordance with its terms. Upon my death, this Power of Attorney shall terminate.

59 JUN 2 PM 1
The Attorney in Fact designated in this Power of Attorney is empowered to do those acts specified in it, together with full power to perform every act and thing which my Attorney in Fact may think necessary to be done in and about the premises; as fully to all intents and purposes as I might or could do if personally present. I hereby ratify and confirm all which my Attorney in Fact shall lawfully do or cause to be done by reason of this Power of Attorney.

The powers granted by this Power of Attorney are:

1. Exercise this Power of Attorney in favor of and for the benefit of my attorney.

2. Obtain, secure, and authorize any and all medical care and treatment of whatever kind or nature, including, without limitation of the foregoing, the authorization of any surgical or medical procedure or treatment or test, whether or not the same is experimental or accepted.

3. Contract for, purchase, receive, and take lands, tenements, and hereditaments, and accept the seisin and possession of all lands, and all deeds and other assurances in the law therefor, and to lease, let, sell, transfer, release, convey (by gift or otherwise), mortgage, convey by way of deed of trust, and hypothecate lands, tenements, and hereditaments upon such terms and conditions, and under such covenants, as he shall think fit.

4. Bargain for, buy, sell, encumber, hypothecate, and in any and every way and manner deal in and with my personal property.

5. Demand, sue for, collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable, or belonging to me and have, use and take all lawful ways and means in my name (or otherwise) for the recovery thereof and compromise and agree for the same, and to make and deliver discharges for the same.

6. In case of loss by fire, or otherwise, to adjust insurance losses.

7. Do every kind of business of whatever nature or kind.

8. Create or establish any trust or trusts for any purpose.

9. Make, sign, seal, execute, acknowledge, and deliver deeds, leases and assignments of lease, covenants, indentures, agreements, mortgages, deeds of trust and reconveyances thereunder, any declaration of trust, hypothecations, notes, receipts, evidences of debt, releases and satisfaction of mortgage, judgments, and other debts, and such other instruments in writing of whatever kind and nature as may be necessary, convenient, or proper in the premises.

This Power of Attorney is effective as of the date it is executed and shall not be affected by my subsequent incapacity; it shall be construed by the law of the state in which it is exercised regardless of where executed; all provisions contained in it are severable, and, in the event any provision contained in it shall be determined invalid by any court of competent jurisdiction, it shall be interpreted as though the invalid provision was not contained in it; pronouns used in it shall be construed in accordance with the appropriate gender or neuter, and as either singular or plural, as the context requires; and all parties dealing with my Attorney in Fact are authorized to rely fully on a clerk's or recorder's certified copy of the original of it which has been duly recorded as required by the law of the state in which it is to be exercised.

WARNING TO PERSON EXECUTING THIS DOCUMENT

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.

11743

3. You have the right to revoke or terminate this durable power of attorney at any time.

IN WITNESS WHEREOF I have hereunto set my hand this June 24th day of June, 1989.

Signed in the Presence of:

Linda C. Morrison

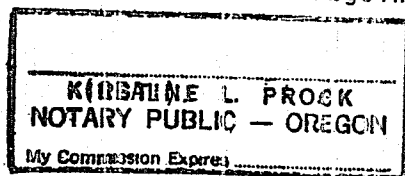
LLOYD W. MORRISON

Lloyd W. Morrison

STATE OF OREGON, County of Klamath) ss:

June 24, 1989

Personally appeared before me the above named LLOYD W. MORRISON and acknowledged the foregoing instrument to be his voluntary act and deed.



Kirstine L. Prock
NOTARY PUBLIC FOR OREGON
My Commission Expires: 12/16/92

ACCEPTANCE AND APPROVAL

I accept the appointment as Attorney in Fact and agree to act as Attorney in Fact according to the terms of the Power of Attorney.

Date: 6-24-89

Robert A. Morrison
ROBERT A. MORRISON



Merle West Medical Center
PHARMACY 883-6262
2865 Daguerre St., Klamath Falls, OR

FOR Lloyd Morrison DATE 6/24/89

ADDRESS _____

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Mr Morrison in my opinion, at this time is incapable of managing his personal affairs.

Return: Lloyd Morrison
c/o Robert Morrison
Box 139
Beatty, Or. 97621

Thomas E. Reynolds

REFILL _____ TIMES
NON REPETATUR ☐

DEA NO. _____

ADDRESS: 2580 Campus Dr
Klamath Falls OR

M.D.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lloyd Morrison the 29th day of June A.D., 19 89 at 1:59 o'clock P. M., and duly recorded in Vol. M89 of Power of Attorney on Page 11741

FEE \$15.00
CC 12.00

Evelyn Biehn County Clerk
By Bernetha J. Litch