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MTC 22953

## GENERAL POWER OF ATTORNEY

THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR AGENTS IN THE FOLLOWING DOCUMENT ARE VERY BROAD. THEY MAY INCLUDE THE POWER TO DISPOSE, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY, AND THE POWER TO MAKE YOUR HEALTH CARE DECISIONS. ACCORDINGLY, THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT ADVICE.

YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

Pursuant to AS 13.26.338 -- 13.26.353, I, HAL R. HENDRICKSON, of 4731 Talus Drive, Anchorage, Alaska, 99516 do hereby appoint DONNA J. HAMMOND, of 404 Pine Grove Road, Klamath Falls, Oregon 97603, my attorney-in-fact to act as I have checked below in my name, place, and stead in any way which I myself could do, if I were personally present, with respect to the following matters, as each of them is defined in AS 13.26.344, to the full extent that I am permitted by law to act through an agent:

THE AGENT OR AGENTS YOU HAVE APPOINTED WILL HAVE ALL THE POWERS LISTED BELOW UNLESS YOU

DRAW A LINE THROUGH A CATEGORY; AND INITIAL THE BOX OPPOSITE THAT CATEGORY

(A) real estate transaction

(B) ~~transactions involving tangible personal property, chattel, and goods~~

(C) ~~bonds, shares, and commodities transactions~~

(D) ~~banking transactions~~

(E) ~~business operating transactions~~

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- (F) ~~insurance transactions~~ (HRS)
- (G) ~~estate transactions~~ (HRS)
- (H) ~~gift transactions~~ (HRS)
- (I) ~~claims and litigation~~ (HRS)
- (J) ~~personal relationships and affairs~~ (HRS)
- (K) ~~benefits from government programs and  
military service~~ (HRS)
- (L) ~~health care services~~ (HRS)
- (M) ~~records, reports, and statements~~ (HRS)
- (N) ~~delegation~~ (HRS)
- (O) ~~all other matters, including those specified  
as follows:~~ (HRS)
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IF YOU HAVE APPOINTED MORE THAN ONE AGENT, CHECK ONE OF THE FOLLOWING:

- ( ) Each agent may exercise the powers conferred separately, without the consent of any other agent.
- ( ) All agents shall exercise the powers conferred jointly, with the consent of all other agents.

TO INDICATE WHEN THIS DOCUMENT SHALL BECOME EFFECTIVE, CHECK ONE OF THE FOLLOWING:

- ( ) This document shall become effective upon the date of my signature.
- ( ) This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability.

IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE ON THE DATE OF YOUR SIGNATURE, CHECK ONE OF THE FOLLOWING:



- (X) This document shall not be affected by my subsequent disability.
- ( ) This document shall be revoked by my subsequent disability.

IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE UPON THE DATE OF YOUR SIGNATURE AND WANT TO LIMIT THE TERM OF THIS DOCUMENT, COMPLETE THE FOLLOWING:

This document shall only continue in effect for ONE ~~444~~ years from the date of my signature.

NOTICE OF REVOCATION OF THE POWERS GRANTED IN THIS DOCUMENT.

You may revoke one or more of the powers granted in this document. Unless otherwise provided in this document, you may revoke a specific power of attorney by completing a special power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document you may want to revoke. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney.

#### NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of an attorney-in-fact as to a matter relating to a power granted by a properly executed statutory power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the attorney-at-fact to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed

statutory form power of attorney may be liable to the principal, the attorney-in-fact, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the disability of the principal, the disability of the principal is established by an affidavit, as required by law.

IN WITNESS WHEREOF, I have hereunto signed my name this 22<sup>nd</sup> day of December, 1989.

Hal R. Hendrickson  
HAL R. HENDRICKSON, PRINCIPAL

SUBSCRIBED AND SWORN to before me this 22<sup>nd</sup> day of December, 1989.

Martha L. Stiles  
Notary Public in and for Alaska  
My Commission Expires: 11/19/91



*Please return to:*

KLAMATH FIRST FEDERAL SAVINGS  
& LOAN ASSOCIATION  
2943 South Sixth Street  
Klamath Falls, Oregon 97603

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Mountain Title Co.  
on this 22<sup>nd</sup> day of Jan. A.D. 19 90  
at 2:58 o'clock P.M. and duly recorded  
in Vol. M90 of Deeds Page 1460  
By Evelyn Biehn County Clerk  
By Raewyn Munksgaard Deputy.

Fee, \$23.00