STATE OF	};	I hereby certify tha	t the within instrument was Klamath County,	No. 15746 Book <u>M90</u>	Page 10815
OUNTY O	OF) s my hand and Official Seal.	State of	Oregon	Date June 5	, 1990 -Power of Att
Indexed	Paged Blotted	Evelyn Bieh	n, County Clerk unty Recorder	Request of: Mountain Ti	tle co.
		ву	auline Mulens	\$5.00 Fee	
		<u> </u>	Deputy		1. AD 97612
When reco	orded, mail to:	/9/2 Leonard, -8601	A Dawn (t., K E. Old Spanish		(s, OR 97603 son, Az. 85718
	LIMBIG		23399-K		
		SENERAL PO	OWER OF AT	TORNEY	
	`	AE. ((DURABLE)		
				•	
			Alvera Moer	er	
KNO	OW ALL MEN BY THESE PRESE	NTS that I (we)			, the undersigned
	D.G.	ni F Nid Snan	ish Tr., #501,	Tucson, Az, 85	710
princi	ipal(s), whose address is	OT C. OTG - PG.			, by this instrument,
	by constitute and appoint,E]	nora Lennard			, whose address is,
hereb	601 F. 01d Spanis tin my (our) name, place and stea	sh Tr. #501. Tu	enefit as if I (we) were personal	ly present to accomplish the s	, as my (our) Attorney-In-Fact ame.
1 //	una) enecifically authorize, althoug	h not limited thereby, my abo	ve named Attorney-In-Fact to:		
right.	a) ask, collect, demand, rece and demands whatsoever	ive, recover and sue for all su as are now, or shall hereafter to grant acquittance or other	ch sums of money, debts, accou become due, owing, payable or sufficient discharges for the sa	ime;	
<u>.</u>		se receive sell nossess co	nvey, transfer, lease, let demis	e, remise, assign, release, end	umber, hypothecate, nal property, in lands, ossession or in action;
1	deed, dedt mandinent, de	ag as may be necessary of Dr	ny and all types, kinds and desc bods, wares, choses in action, pe iledge any agreement, bottomy note, notice, pledge, protest, re- oper to fully accomplish these	oremises;	
	d) deposit, withdraw, pledge Association, Trust Comp	or otherwise collect, recover o any, Thrift Company, Loan Co in a Fiduciary Capacity in reg	r hypothecate any and all monies impany, Brokerage Firm, Insura ards to any such monies now du	s held in my (our) name in any 8 nce Company or any other Fina le, owing, payable or otherwise	belonging to the (as):
* 4	e) exercise any rights, op Accumulated Retiremen method, or Presidency of	ions or privileges available t Contract or Life Insurance P payments under such contra	to me (us) under or in conne olicy, including, but not limited of, and to surrender, pledge or c	ction with any Annuity Conti to, the right to amend, change hange the beneficiary under a	or modify the manner. ny such Life Insurance
	or Contract Services;		ity security, such as, stocks, Bor		between enquisite and
nec	or Contract Services: GIVING AND GRANTING unto sai cessary to fully accomplish the inte all Lawfully do or cause to be doni	nts and purposes of this forces by virtue of these presents.	Official	,	
	The validity of this Power of Attorral continue in full force and effect		y (our) subsequent disability or ess sooner revoked or terminate	incapacity as recognized unde ed by me (us) in writing.	r the applicable State Laws, and
1	IN WITNESS WHEREOF, I (WE) h	ave hereunto set my (our) ha	nd(s) this	<u> </u>	day of
			<u> </u>	Principal	U I
	Pr	incipal			
					1
		$\mathbf{a}(\mathbf{i}) = \mathbf{i} \cdot \mathbf{i} \cdot \mathbf{j} \cdot \mathbf{j} \cdot \mathbf{j} \cdot \mathbf{j}$			Juliania, 1. (1. 1. 1.
	C		ACKNOWLEDGEMENT		5,3
St	tate of Weining				
C	County of This POWER OF ATTORNEY wa	a columnial and hafara ma th	ne undersigned Notary Public, t	his <u>8</u> 4	day-of
	This POWER OF ATTORNEY wa	s acknowledged busine file, to	by		
-	10 10 10 K-	25-92	<u> </u>	- Guellen les	~~~ ^
	My Commission Expires:			1.110111111111	William Materials
.,. •	91986, ALPHA ENTERPRISES OF ARIZ	ONA — P.O. Box 26326 — Tucson,	AZ 85726 FORM 131		