



Consult your Lawyer before signing this document. It has important legal consequences.

Power of Attorney

1. Grantor of the Power of Attorney, and address:

NICKI SNIDER RE: DANA SNIDER, MINOR & DAUGHTER OF NICKI SNIDER
6376 G S. 80TH E. AVE.
TULSA, OK. 74133

2. Attorney, and address:

JODEE AND/OR LANCE BARNES
6320 ONYX
KLAMATH FALLS, OR. 97601

(The words Grantor and Attorney shall include all grantors and all attorneys under this Power of Attorney)

3. Creation of the Power of Attorney

The Grantor hereby appoints the Attorney as the true and lawful attorney in fact of the Grantor for the Purposes stated in this Power of Attorney. The Attorney is granted full power and authority to the extent permitted by law to do whatever is necessary to achieve the Purposes as the Grantor personally could do.

4. Purposes: All of the following purposes except those stricken are included in this Power of Attorney.

To strike out any purpose the Grantor must draw a line through the text of that subdivision AND initial within the brackets.

If any purposes are stricken, Grantor may wish to also strike out (M) all other matters.

- | | | | |
|---------------------------------------------------|-----|----------------------------------------------------|-----|
| (A) real estate transactions; | [] | (I) personal relationships and affairs; | [] |
| (B) chattel and goods transactions; | [] | (J) benefits from military service; | [] |
| (C) bond, share and commodity transactions; | [] | (K) records, reports and statements; | [] |
| (D) banking transactions; | [] | (L) full and unqualified authority to the Attorney | |
| (E) business operating transactions; | [] | to delegate any or all of the foregoing powers | |
| (F) insurance transactions; | [] | to any person or persons whom the Attorney | |
| (G) estate transactions; | [] | shall select; | [] |
| (H) claims and litigation; | [] | (M) all other matters; | [] |

5. Substitution and Revocation (Delete if purpose [L] is stricken.)

The Attorney shall have full power of substitution and revocation. This means that the Attorney may appoint another to act under this Power of Attorney, and to revoke that appointment.

6. Durable Power

This Power of Attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

7. Springing Power! (If this space is left empty this Power of Attorney will not be a Springing Power of Attorney)

1990 SEP 7 AM 10 41

8. Inducement of Third Parties to Act

Grantor agrees that any third party receiving a signed copy or reproduction of this Power of Attorney may act under it. Revocation or termination of this Power of Attorney will not be effective until the third party receives actual knowledge of the termination or revocation. Grantor shall hold harmless any third party from and against any claims that may arise against the third party as a result of reliance on this Power of Attorney.

In Witness Whereof, Grantor has signed this Power on Aug. 31, 1990
Chas. E. Snider

In the presence of:

signature

61

810 N. McKinley, Sand Springs, OK 74063
address

signature

of

816 West 10th St Sandy, UT 84063
address

STATE OF

COUNTY OF

SS.2

On August 31, 1990 before me, the subscriber, personally appeared

to me personally known, and known to me to be the same person described in and who executed the foregoing Power of Attorney, and he acknowledged to me that he executed the same. Senia Thompson

My Commission expires 10-30-91
Affidavit that Power of Attorney is in Full Force

STATE OF

COUNTY OF

SS.1

being duly sworn, deposes and says:

1. The Grantor within did, in writing, appoint me as his Attorney.
2. As Attorney for the Grantor and pursuant to the Power of Attorney, I have executed the following Instrument(s):
3. At the time I executed the Instrument(s) I had no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent that the Grantor is alive, has not revoked or repudiated the Power of Attorney and the Power of Attorney still is in full force and effect.
4. I make this affidavit for the purpose of inducing

to accept delivery of the Instrument(s), as executed by me in my capacity as the Attorney of the Grantor, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Instrument(s) and in paying good and valuable consideration therefor.

Sworn to before me on

AUG. 31 19 90

Nicki Snider

¹If Grantor wishes the Power of Attorney to become effective only upon disability, and such Springing Power of Attorney is permitted in the jurisdiction, insert the following provision or other provision required in the jurisdiction:

This Power of Attorney shall become effective upon the disability of the Grantor whereby Grantor is unable to manage Grantor's property and affairs effectively. Such disability shall be deemed to exist and the Attorney may act pursuant to this Power of Attorney only after a licensed physician (*you may give the name and address of a specific physician*) has certified such disability in writing.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Jodee Barnes the 7th day
of Sept. A.D., 19 90 at 10:41 o'clock A. M., and duly recorded in Vol. M90,
of _____ of _____ Power of Attorney _____ on Page 17964.

On Page
Evelyn Biehn

County Clerk

By

Patience Mulendare

FEE	\$10.00
cc	1.50