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KNOW ALL MEN BY THESE PRESENTS, That I, _____

HELEN MC MAHAN

have made, constituted and appointed, and by these presents do hereby make, constitute and appoint

GEORGE E. MC MAHAN

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to demand, sue for, recover, collect and receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me, to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, hereditaments, and accept the seizin and possession thereof and all deeds and other assurances in the law therefor and to lease, let, demise, bargain, sell, renise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my said attorney shall think fit; to sell, transfer and deliver all or any shares of stock owned by me in any corporation for any price and receive payment therefor and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my said attorney in his/her absolute discretion shall deem to be for my best interests, to have access to any safety deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order, to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also n/a.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do it personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my said attorney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect: (delete inapplicable phrase)

(a) on the date next written below:

(b) on the date the executor hereof shall be adjudged incompetent by a court of proper jurisdiction.

My said attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

In construing this instrument and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on 10-11, 1990

Helen Mc Mahan

STATE OF OREGON, County of Jackson

This instrument was acknowledged before me on 11 October, 1990

(SEAL) PUBLIC

Kathleen L. Mott

Notary Public for Oregon.

My Commission expires 9/4/93

Power of Attorney

HELEN MC MAHAN

To

GEORGE MC MAHAN

AFTER RECORDING RETURN TO
George McMahan
2535 Orchard Way
Klamath Falls, Or. 97601

DON'T USE THIS SPACE: RESERVED FOR RECORDING LABEL IN COUNTIES WHERE USED.

STATE OF OREGON

County of _____ } ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____, on page _____, or as fee/tile/instrument/microfilm/reception No. _____, Record of _____ of said County.

Witness my hand and seal of County affixed.

NAME TITLE

By _____ Deputy

DIRECTIVE TO PHYSICIANS

Directive made this 11 day of oct, 1990
I, HELEN MC MAHAN, being of sound mind,
wilfully and voluntarily make known my desire that my life shall
not be artificially prolonged under the circumstances set forth
below and do hereby declare:

1) If at any time I should have an incurable injury,
disease or illness certified to be a terminal condition by two
physicians, one of whom is the attending physician, and where the
application of life-sustaining procedures would serve only to
artificially prolong the moment of my death and where the
physicians determines that my death is imminent whether or not
life-sustaining procedures are utilized, I direct that such
procedures be withheld or withdrawn, and that I be permitted to
die naturally.

2) In the absence of my ability to give directions
regarding the use of such life-sustaining procedures, it is my
intention that this directive shall be honored by my family and
physician(s) as the final expression of my legal right to refuse
such medical or surgical treatment and accept the consequences
from such refusal.

3) I understand the full import of this directive and I am
emotionally sound and mentally competent to make this directive.

Helen Mc Mahan
SIGNATURE
Klamath Falls Oregon
CITY COUNTY STATE

I hereby witness this directive and attest that:

(1) I personally know the Declarant and believe the Declarant to be of sound mind.

(2) To the best of my knowledge, at the time of the execution of this directive, I:

(a) Am not related to the Declarant by blood or marriage,

(b) Do not have any claim on the estate of the Declarant,

(c) Am not entitled to any portion of the Declarant's estate by any will or operation of law, and

(d) Am not a physician attending the Declarant, a person employed by the physician attending the Declarant or a person employed by a health facility in which the Declarant is a patient.

(3) I understand that if I have not witnessed this directive in good faith I may be responsible for any damages that arise out of giving this directive its intended effect.


WITNESS


WITNESS

ORS 97.060 requires that the declarant be 18 years of age or older. The directive must be signed in the presence of the two attending witnesses. If the declarant is a patient in a long-term care facility at the time of the directive is executed, one of the witnesses shall be an individual designated by the Department of Human Resources for the purpose of determining that the declarant is not so insulated from the voluntary decision-making role that the declarant is not capable of wilfully or voluntarily executing this directive.

I, HELEN MC MAHAN, do hereby state that the following is my expressed wish and desire for my remains at the time of my death.

I wish to be cremated and have my remains scattered in the woods near Klamath Falls, Oregon. I also wish to donate any organs that might be usable.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on 10-11, 1990.

Helen Mc Mahan
HELEN MC MAHAN

State of Oregon

County of Jackson

On 11 October 1990, before me, a notary public for the state of Oregon personally appeared Helen McMahon and _____ known to me to be the trustees and settlors of the Amendment to the Living Trust created in the above document, and acknowledged that it was executed as trustees and settlors.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal the day and the year first written above.

Kathleen S. Mott
Notary Public for Oregon

My commission expires: 9/4/93

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George McMahon the 26th day of Oct. A.D. 19 90 at 2:36 o'clock PM. and duly recorded in Vol. M90 of Power of Attorney on Page 21635.

Evelyn Biehn County Clerk

By Douglas Mulindare

FEE

\$20.00