

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, JEAN A. HESSIG, appoint the Attorney in Fact designated in the order of preference specified in this Power of Attorney; provided, however, in the event any Attorney in Fact designated in this Power of Attorney should be unable, or decline, to act as Attorney in Fact, or should assume the duties of Attorney in Fact and should afterwards resign, die, or become incapacitated, then the one next in the order designated and specified in this Power of Attorney shall act as my Attorney in Fact:

First Order of Preference: RICHARD L. HESSIG.

Second Order of Preference: ROBERT L. HESSIG.

Third Order of Preference: MARY JEAN HESSIG.

Fourth Order of Preference: MARILYN J. HESSIG.

A. This Power of Attorney shall become effective only on 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 by Attorney in Fact by written notice given by the terminating party to the other party. This Power of Attorney shall continue after by incapacity in accordance with its terms. Upon my death, this Power of Attorney shall terminate.

B. 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.

C. I declare that my lawyer has explained to me my rights in connection with this Power of Attorney and the consequences of signing it, or not signing it, and that I have read the following warnings:

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR HEALTH CARE. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

i. This document may provide the person you designate as your Attorney in Fact the power to make decisions for you. This power is subject to any limitations or statement of your desires that you include in this document.

ii. The power to make health care decisions for you may include consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. You may state in this document any types of treatment or placements that you do not desire.

iii. The person you designate in this document has a duty to act consistent with your desires as stated in this document or otherwise made known or, if your desires are unknown, to act in your best interests.

iv. Except as you otherwise specify in this document, the power of the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment which would keep you alive.

v. Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.

vi. You have the right to revoke the appointment of the person designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.

vii. You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physician, hospital, or other health care provider orally or in writing.

viii. The person designated in this document to make health care decisions for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

D. The powers granted by this Power of Attorney are:

1. Establish my place of abode within or without any state, including nursing home care, foster home care, or similar care, (subject, however, to the limitation that any change from my present place of abode shall only be made with the unanimous written concurrence of all those designated in this Power of Attorney who are then acting as my Attorney in Fact.)

2. Make health care decisions for me including: Consent, refusal of consent, or withdrawal of consent, to any care, treatment, service, or procedure to maintain, diagnose, or treat any physical or mental condition, and to receive and to consent to the release of any medical information.

3. Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, without limiting the generality of the foregoing, medical and hospital records, and to execute any releases or other documents that may be required in order to obtain the information specified in this paragraph.

4. Employ and discharge physicians, dentists, nurses, therapists, and other health care-providing professionals as my Attorney in Fact may deem necessary for my physical, mental, and emotional well-being.

5. Employ and discharge barbers, housekeepers, secretaries, and others who are not health care-providing professionals.

6. Give or withhold consent to medical care, surgery, or other medical procedures or tests and arrange for my hospitalization.

7. Revoke, withdraw, modify, or change consent to such medical care, surgery or other medical procedures or tests, hospitalization, convalescent care, or home care which may have previously been allowed or consented to including, without limiting the generality of the foregoing, that which may have been implied due to emergency conditions.

8. Consent to or approve any necessary medical care, treatment, or service for me, including, without limiting the generality of the foregoing, unconventional or experimental procedures. Summon all and any health care providers pertaining to emergency medical care including, without limiting the generality of the foregoing, paramedics or emergency medical personnel and seek emergency treatment for me. In addition, upon unanimous consent by all of those named as my Attorney in Fact, my Attorney in Fact is authorized, when dealing with hospitals and physicians, to sign documents entitled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" or other similar documents, as well as any necessary waivers of or releases from liability required by the hospitals, physicians, or other health care providers.

9. Arrange for voluntary admission to an appropriate hospital or institution for treatment of any mental disease or condition (including, without limiting the generality of the foregoing, Alzheimer's disease); arrange for my private psychiatric and psychological treatment; refuse consent for any such hospitalization, institutionalization, and private psychiatric and psychological care; and revoke, modify, withdraw, or change consent to such hospitalization, institutionalization, and private treatment for which consent may have been given at an earlier time.

10. Consent to and arrange for the administration of pain-relieving drugs of any type, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction, or even hasten the moment of my death; provided, however, no such pain-relieving drugs shall be used which would intentionally cause my death.

11. Exercise my right of privacy to make decisions regarding my medical care, treatment, or service, and my right to be left alone even though the exercise of my right might hasten my death or be against

conventional medical advice and, in this particular, take appropriate legal action, if necessary, to enforce this right of privacy.

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

13. 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 or she shall think fit.

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

15. 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.

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

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

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

19. 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 satisfactions 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.

20. Neither my Attorney in Fact, or any substitute, shall incur any liability to me, my estate, my heirs, successors, or assigns for acting pursuant to authority granted by this Power of Attorney except for willful misconduct or gross negligence; and in no case shall there be any duty to act or any liability for inaction.

E. In construing this Power of Attorney, the following shall control:

1. This Power of Attorney shall be construed by the law of the state in which it is exercised regardless of where executed.

2. All provisions contained in this Power of Attorney are severable, and, in the event any provision contained in it shall be determined invalid by any court of competent jurisdiction, this Power of Attorney shall be interpreted as though the invalid provision was not contained in it.

3. Pronouns used in this Power of Attorney shall be construed in accordance with the appropriate gender or neuter, and as either singular or plural, as the context requires.

4. 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 this Power of Attorney which has been duly recorded as required by the law of the state in which this Power of Attorney is to be exercised.

5. Any physician, hospital, Governmental Entity, health care provider, or other party acting in accordance with the powers granted my Attorney in Fact by this Power of Attorney are to be held harmless from any loss suffered, or liability incurred, in acting in accordance with this Power of Attorney prior to receipt of written notice of its termination, revocation, or amendment, including the following:

a. No person who acts in reliance upon any representation of my Attorney in Fact may make as to the scope of the authority granted my Attorney in Fact under this Power of Attorney any liability to me, my estate, my heirs, successors, or assigns, for permitting my Attorney in Fact to exercise any such power, nor shall any third party who deals with my Attorney in Fact be responsible to determine or insure the proper exercise the powers granted my Attorney in Fact by this Power of Attorney.

b. All third parties from whom my Attorney in Fact may request information regarding my health or personal affairs are authorized and directed to provide such information to my Attorney in Fact without limitation and are released from any legal liability whatsoever to me, my estate, my heirs, successors, or assigns for complying with the request of my Attorney in Fact. With specific reference to medical information, including information about my mental condition, I authorize in advance all physicians and psychiatrists who have treated me or will treat me, and all other providers of health care, including hospitals or institutions, to release to my Attorney in Fact all information or photocopies of any records which my Attorney in Fact may request. All physicians, hospitals, and other health care providers are hereby authorized to treat my Attorney in Fact's request as that of a legal representative of an incompetent patient and to honor such requests on that basis. All privileges which maybe applicable to such information and records including, without limiting the generality of the foregoing, any communication pertaining to me and made in the course of a physician-patient, psychiatrist-patient, or other confidential relationship otherwise protected by law, is hereby waived as to my Attorney in Fact.

6. The term "Governmental Entity" shall mean the United States of America, State thereof, or political subdivision of such State, or any country other than the United States of America.

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IN WITNESS WHEREOF I have hereunto set my hand this 14th day of October, 1988.

Signed in the Presence of:

Kirstine L. Prock
Betty J. Henderson

Jean A. Hessig
JEAN A. HESSIG

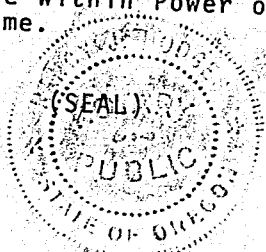
STATE OF OREGON

COUNTY OF KLAMATH

ss:

October 14, 1988

Personally appeared before me, a Notary Public in and for said State, JEAN A. HESSIG, known to me to be the person whose name is subscribed to the within Power of Attorney, and acknowledged to me that she executed the same.



Darryl J. Adams
NOTARY PUBLIC FOR OREGON
My Commission Expires: 9-13-91

STATEMENT OF WITNESSES

I declare under penalty of perjury under the laws of Oregon that the person who signed or acknowledged this Power of Attorney is personally known to me to be the principal, that the principal signed or acknowledged this Power of Attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a community care facility, nor an employee of an operator of a community care facility; further I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a Will now existing or by operation of law.

Date: 10/14/88

Kirstine L. Prock
KIRSTINE L. PROCK
Residence Address:
456 Delta Street
Klamath Falls, Oregon 97601

Date: 10/14/88

Betty J. Henderson
BETTY J. HENDERSON
Residence Address:
2453 Applegate Street
Klamath Falls, Oregon 97601

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CERTIFICATE OF LAWYER

I am a lawyer authorized to practice law in the State where this Power of Attorney was executed, and Richard L. Hessig was my client at the time when this Power of Attorney was executed. I have advised my client concerning his rights in connection with this Power of Attorney and the applicable law and the consequences of signing or not signing this Power of Attorney, and my client, after being so advised, has executed this Power of Attorney.

Date: October 14, 1988

J. Anthony Giacomini
J. ANTHONY GIACOMINI
635 Main Street
Klamath Falls, Oregon 97601
503-884-7728

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: 10/14/88

Date: 10/14/88

Date: November 1, 1988

Date: October 20, 1988

Richard L. Hessig
RICHARD L. HESSIG

Robert L. Hessig
ROBERT L. HESSIG

Mary Jean Hessig
MARY JEAN HESSIG

Marilyn J. Hessig
MARILYN J. HESSIG

6519

DAVID D. REEDER, M.D.
GENERAL SURGERY
2301 MOUNTAIN VIEW
KLAMATH FALLS, OR 97601
DEA # AR 2138419

(503) 882-2559

NAME _____ AGE _____
ADDRESS _____ DATE 4-11-91

R

*Jean Hessig is no longer able
to manage her affairs because
of senile dementia*

Refill _____ times

[Signature]
(Signature)

To ensure brand name dispensing, prescriber must write
"No Substitution" or "NS" on the prescription.

GS0071063

KLAMATH FAMILY PRACTICE CENTER, P.C.
CHARLES D. BURY, M.D.
JON G. MC KELLAR, M.D.
WILLIAM A. BARTLETT, M.D.
2300 CLAIRMONT
KLAMATH FALLS, OR 97601
DEA # _____
LIC. # _____

(503) 883-8134

NAME Jean Hessig AGE _____
ADDRESS _____ DATE 4/10/91

R

*Jean is not capable
of managing her
own affairs
Dx Senile Dementia*

Refill _____ times

[Signature]
(Signature)

To ensure brand name dispensing, prescriber must write
"No Substitution" or "NS" on the prescription.

FP0304711

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard L. Hessig the 11th day
of April A.D., 19 91 at 3:36 o'clock P M., and duly recorded in Vol. M91,
of Power of Attorney on Page 6512.

FEE \$40.00
cc 4.50

Evelyn Biehn, County Clerk

By [Signature]

Return: Richard L Hessig
410 Hillside
Klamath Falls, Or. 97601