

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, ELEANOR B. POTTER, do by these presents appoint the Attorney in Fact designated in the order of preference specified in this Instrument; provided, however, in the event any Attorney in Fact designated in this Instrument 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 Instrument shall act as my Attorney in Fact:

- A. First Order of Preference: My daughter, KATHERINE L. PARKER.
- B. Second Order of Preference: My daughter, ANNE E. DAVIS.
- C. Third Order of Preference: My son, GERALD L. POTTER.

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.

The powers granted by this Power of Attorney are:

1. Establish my place of abode within or without any state.
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; arrange for my hospitalization, convalescent care or home care; 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.

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7. Summon all and any health care providers pertaining to emergency medical care including, without limiting generality of the foregoing, paramedics or emergency medical personnel and seek emergency treatment for me. In addition, upon unanimous consent by all 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 hospitals, physicians, or other health care providers.

8. 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.

9. 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.

10. 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.

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. 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 the 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.

This Power of Attorney is effective as of the date it is executed and shall not be affected by my subsequent incapacity.

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

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

b. 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.

c. 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.

d. 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.

e. 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:

(1) 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.

(2) 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 may be 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.

f. 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.

WARNING TO PERSON EXECUTING THIS DOCUMENT

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:

1. This document may provide the person you designate as your Attorney in Fact the power to make health care decisions for you. This power is subject to any limitations or statement of your desires that you include in this document. 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.
2. 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.
3. 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.
4. Unless you specify a shorter period in this document, this power will exist for seven (7) years from the date you execute this document as far as California law applies and for five (5) years from the date you execute this document as far as Oregon law applies and, if you are unable to make health care decisions for yourself at the time when either of the applicable 5-year or 7-year period ends, this power will continue to exist until the time when you become able to make health care decisions for yourself.
5. 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.
6. You have the right to revoke the appointment of the person(s) designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.
7. You have the right to revoke the authority granted to the person(s) 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.
8. The person(s) 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.
9. If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

13226

IN WITNESS WHEREOF I have hereunto set my hand this 27 day of Dec., 1989.

Signed in the Presence of:

Dea M. D. D. D.

Eleanor B. Potter
ELEANOR B. POTTER

Betty J. Henderson

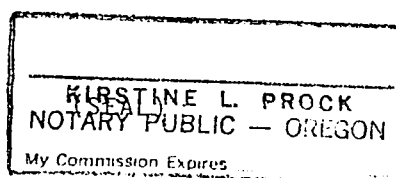
STATE OF OREGON

County of Klamath

ss:

December 27, 1989

Personally appeared before me the above-named ELEANOR B. POTTER and acknowledged the foregoing instrument to be her voluntary act and deed.



Kirstine L. Prock
NOTARY PUBLIC FOR OREGON
My Commission Expires: 12/16/92

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Katherine L. Parker the 9th day of July A.D., 1991 at 10:50 o'clock A. M., and duly recorded in Vol. M91 of Power of Attorney on Page 13222.

FEE
\$25.00
6.00

Evelyn Biehn County Clerk

By Shirley Johnson

Return: Katherine Parker
1521 McClellan Dr.
Klamath Falls, or. 97603

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