## DURABLE POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENT, that we, Dwayne and Donna Sandeval, residing at, HC 61 BOX 1214, La Sandoval Pine, Oregon 97739, do hereby nominate, constitute and appoint, Joe P. Sandoval, residing at, 18455 SW Burns Ridge Ct., Ahola, Oregon 97007, name, place and stead, and for our use and benefit:

To ask, demand, sue for, recover, collect, and receive all sums of money, debts, due, accounts, legacies, bequest, interest, dividends, annuities, and demands whatscever as are now or shall hereafter become due, owing, payable, or belonging to me and take all lawful ways and means in my name or otherwise for recovery thereof, and to compromise and agree to the same and give release other sufficient discharge for the same:

For me in our name, to make, seal, and delivered, bargain, contract, agree for, purchase, receive, and take lands, tentements, hereditaments, and accept the deeds and possessions of all lands and to lease, let demise, bargain, sell, remise, relase, convey, mortgage, and hereditaments upon such terms and conditions and under such covenants as Joe P. Sandoval, shall see fit:

Also to bargain and agree to, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in goods, wares, and memchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatever nature and kind:

Also as my act and deed, to sign, seal, execute, and acknowledge such deeds, leases, mortages, bill of deliver lading, bills, notes, receipts, evidence of debt, such as other instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises:

And also to endorse checks, notes, drafts, and any other commercial papers in my name, and to withdraw money from any of my checking or savings accounts at any commercial bank, savings and loan association or other financial institution, transfer any stocks, bonds, securities, annuities, and to sign orders or receipts thereof in my name, may also enter my safety deposit box:

GIVING AND GRANTING unto my said attorney-in-fact full power of authority to do and preform every act necessary, requisite or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue hereof:

All powers and authority granted herein shall not be affected by my ability, incapacity, or adjudged incompetency.

IN WITNESS WHEREOF, we have set our hand and seal on

this 12 day of September, 1991.

Dwayne Sandeval

Donna Sandoval

(PI)=1

STATE OF OREGON )
COUNTY OF DESCHUTES, )

On this 12 day of September, 1991, before, me the undersigned, a Notary Public, in and for said County and State, rersonally appear the within named Dwayne Sandoval and Donna Sandoval, who are known to me to be the identical individuals described in and who execute the written instrument and acknowledge to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last written.

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OFFICIAL SEAL

OFFICIAL SEAL

NOTARY PUBLIC CLEET IN

COMMISSION NO. DECAY.

MY COMMISSION EXPRAES JOLY 25 192 NO

Claude Sterrel
NOTARY PUBLIC FOR
7/26/44

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at reque ofSept.	A TO 10	t of			P.M., and d	duly recorded in Vol. M9		
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ž. + :	September 34 NAME, TITLE, ADDRESS	IND SIP OF CENT	IERMEDICAL EX	AMINER (Tipe or lover Str	Print) eet.	Clamath I	alls, O	regon 976	01
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			CERTIFIC	Fecords Unit CATE OF DEAT	H 136	State File Numb	DEATH (Month, Day, Year)
1	Local File Number		Middle	MYERS		r Septe	miner 10, 1991 BIRTH (Month, Day, Year)
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	414-24-5214 6. WAS DECEDENT EYER U.S. ARMED FORCES?	66		OTHER	Chattanoog	edent's Home Ditter (Sp	city
EDENT	U.S. ARMED FORCES?  Yes No Ph. FACILITY NAME (If no		ent [] ER/Outpatient and number)	9c. CITY,	TOWN, OR LOCATION	OF DEATH	VI amath
	Merle West M	edical (ente	Inh KIND OF BUS	Klam	ath Falls III MARITAL Never Mar Divorced (	STATUS - Married, 12 SPOUS ried, Widowed, Specify)	III Married, Widowed)
	(Give kind of work do life. Do <u>not</u> use retire	one duting mort of norm	Military	/ Hardware	Marri	ed Ch	arles
	Secretary		13c. CITY, TOW	nior Location Talls	1754	AND NUMBER Kane Street	
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	Cl Denstion C Othe	r (Specify)	1000.3	iew Memorial	22. NAME, ADDRE	Is AND ZIP OF FACILITY  Lamath Funeral	
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)	27. TIME OF DEATH	28. W/S MEDIC	AL EXAMINER NOTIFIC	ar?	3ta. TIME OF DEATH		M
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