

Power of Attorney for Healthcare

I appoint David E. Ternus, whose address is 6197 North Clea Ave., and whose telephone number is Fresno, Calif. 209-271-3200 as my attorney-in-fact for healthcare decisions. I appoint _____, whose address is _____, as my alternate attorney-in-fact for healthcare decisions. I authorize my attorney-in-fact appointed by this document to make healthcare decisions for me when I am incapable of making my own healthcare decisions. I have read the warning below and understand the consequences of appointing a Power of Attorney for Healthcare.

I direct that my attorney-in-fact comply with the following instructions or limitations:

No limitations

In addition, I direct that my attorney-in-fact have authority to make decisions regarding the following:

- Withholding or withdrawal of life-sustaining procedures with the understanding that death may result.
- Withholding or withdrawal of artificially administered hydration or nutrition or both with the understanding that dehydration, malnutrition and death may result.

Margaret M. Ternus

Signature of person making appointment

June 26th 1992

date

city

Klamath Falls, Ore.

Declaration of Witnesses

We declare that the principal is personally known to us, that the principal signed acknowledged the principal's signature on this power of attorney for healthcare in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that neither of us is the person appointed as attorney-in-fact by this document or the principal's attending physician. Witnessed By:

Bob A. Dorey
Signature of Witness/ Date

Printed Name of Witness

Catharine M. Roberts
Signature of Witness/ Date

Printed Name of Witness

You must also complete the next page

Return To: Margaret Ternus
4630 Crosby Ave
Klamath Falls,
Oregon 97603

14884

STATE OF OREGON,

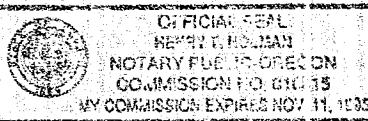
County of Klamath

ss.

FORM NO. 33 — ACKNOWLEDGMENT
STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

BE IT REMEMBERED, That on this 26th day of JUNE, 1992, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named MARGARET M. TERNUS.

known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that she 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 above written.

Henry T. Holman

Notary Public for Oregon

My Commission expires 11-11-95

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret M. Ternus the 8th day of July, 1992, at 11:31 o'clock A.M., and duly recorded in Vol. M92, of Power of Attorney on Page 14883.

FEE \$15.00

Evelyn Biehn County Clerk

By *President of the Board of Commissioners*