

1 RECORDING REQUESTED BY:

2 AFTER RECORDING RETURN TO:

3 Jean L. Harvey
4 1876 Oak Park Ave.
5 Chico, Ca. 95928

6 **UNIFORM STATUTORY FORM POWER OF ATTORNEY**
(California Civil Code Section 2475)

7 NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING.
8 THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY
9 ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). IF YOU
10 HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE.
11 THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER
12 HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY
13 IF YOU LATER WISH TO DO SO.

14 I, CONSTANCE M. GULLION, appoint JEAN L. HARVEY as my agent
(attorney-in-fact) to act for me in any lawful way with respect to
15 the following initialed subjects:

16 TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF
(N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

17 TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS,
18 INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

19 TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU
20 MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- 21 (A) Real property transactions.
22 (B) Tangible personal property transactions.
23 (C) Stock and bond transactions.
24 (D) Commodity and option transactions.
25 (E) Banking and other financial institution transactions.
26 (F) Business operating transactions.
(G) Insurance and annuity transactions.
(H) Estate, trust and other beneficiary transactions.
(I) Claims and litigation.
(J) Personal and family matters.
(K) Benefits from social security, medicare, medicaid, or other
governmental programs, or civil or military service.
(L) Retirement plan transactions.
(M) Tax matters.
emg (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

(A) If JEAN L. HARVEY is not available or becomes ineligible or loses the mental capacity to act for me as authorized in this document, or if I revoke her appointment or authority to act as such agent, then I appoint THOMAS GULLION and JOHN T. HARVEY to serve as such agent. If either THOMAS GULLION or JOHN T. HARVEY is unable or unwilling to serve, then I appoint the other to serve alone as such agent.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed on July 2nd, 1992, at Chico, Butte County, California.

Constance M. Gullion
CONSTANCE M. GULLION

Social Security No. 052-12-9045

WARNING TO PERSON EXECUTING THIS DOCUMENT

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

THIS DOCUMENT MAY PROVIDE THE PERSON YOU DESIGNATE AS YOUR ATTORNEY IN FACT WITH BROAD POWERS TO MANAGE, DISPOSE, SELL AND CONVEY YOUR REAL AND PERSONAL PROPERTY AND TO BORROW MONEY USING YOUR PROPERTY AS SECURITY FOR THE LOAN.

THESE POWERS WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT THEIR DURATION IN THIS DOCUMENT. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING YOUR SUBSEQUENT DISABILITY OR INCAPACITY.

- 1 YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS POWER OF ATTORNEY.
 2 IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU
 3 SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.
 4 BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE
 5 FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

CERTIFICATE OF ACKNOWLEDGMENT OF
 NOTARY PUBLIC

6 STATE OF CALIFORNIA)
 7 County of Butte) ss

8 On July 2, 1992, before me, the undersigned
 9 Notary Public, personally appeared CONSTANCE M. GULLION personally
 10 known to me, or proved to me on the basis of satisfactory evidence,
 11 to be the person whose name is subscribed to the within instrument
 12 and acknowledged to me that she executed the same in her authorized
 13 capacity, and that by her signature on the instrument the person, or
 14 the entity upon behalf of which the person acted, executed the
 15 instrument.

16 WITNESS my hand and official seal.



17 Kathryn V. Aires
 Notary Public

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jean L. Harvey the 20th day
 of April A.D., 19 93 at 9:08 o'clock A.M., and duly recorded in Vol. M93,
 of Power of Attorney on Page 8134

Evelyn Biehn, County Clerk
 By Dan M. Mendenhall

FEE \$15.00

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