

108-66962

08-27-93A11:23 RCVD

Vol. 93 Page 21658

K-44909  
POWER OF ATTORNEY93066345  
Washington County

\*\*\*\*\*

KNOW ALL MEN BY THESE PRESENTS, THAT I, CHARLES L. GRAY, of Emmett, Idaho, do hereby appoint PAULINE L. GRAY, my wife, or my daughter, CHARLINE HANDBURY, my attorney, for me and in my name, to ask, demand, sue for, collect, recover, endorse and receive all sums of money, social security checks, 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, by attachments, or otherwise, and to compromise and agree for the same and to execute acquittances or other sufficient discharges for the same, for me and in my name; also, to make, sell and deliver, to bargain, contract, agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods and merchandise, choses in action, and other real and personal property, wherever situated, and to release mortgages on lands or chattels and to make, do and transact all and every kind of business of whatsoever nature and kind. Also, to bargain, contract, agree for, purchase, sell and take lands and to execute deeds as required, and to lease, bargain, sell, execute and deliver and acknowledge such deeds, leases, assignments, covenants, indentures, trusts, agreements, mortgages, hypothecations, bills of lading, bills, bonds, notes, receipts, evidences of debt releases and satisfactions of mortgages, judgments and other debts, and such other instruments in writing of whatsoever kind or nature as may be necessary or proper in the premises. Giving and granting unto PAULINE L. GRAY, my wife, or my daughter, CHARLINE HANDBURY, my said attorney, full power and authority to do and perform all and every act and thing requisite and 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. This power of attorney shall not be affected by disability of the principal. I hereby ratify and confirm all that PAULINE L. GRAY, my wife, or my daughter, CHARLINE HANDBURY, said attorney, shall lawfully do or cause to be done by virtue of these presents. I hereby revoke any former powers of attorney that I may have executed at any time. For clarification, this Power of Attorney also includes the power and authority for the named attorney-in-fact to make gifts to my children, grandchildren, or attorney-in-fact.

This power also includes the power to make decisions and take any action which is necessary in the opinion of PAULINE L. GRAY, my wife, or my daughter, CHARLINE HANDBURY, for my maintenance, care, hospitalization, medical attention, nursing and nursing home care, provided such nursing, medical attention, or nursing home care is advised in writing, by a duly licensed medical doctor. Further, that my attorney in fact determine my place of residence in the event of my physical or mental incapacity or inability to do so, it being my intention to hereby allow my attorney in fact, to the exclusion of all others, to determine my place of residence and abode, and the conditions thereof, in the event of my inability to reasonably make such determination in my own best interests.

Also granting to my attorney herein named the power and right to instruct my physician or physicians to withhold or withdraw life sustaining procedures, mechanical, water or nutrients, when I am suffering from a terminal, persistent, vegetative state or a permanent, irretrievable comatose condition and I am unable to instruct my physicians regarding said matter. My said attorney in fact shall not exercise this power as stated in this paragraph unless two qualified, licensed physicians have examined me and my records, and conclude I am in the condition herein described that shall permit said withholding or withdrawal of all life sustaining procedures, mechanical, water, or nutrients.

Also granting to my attorney herein named the power to authorize medical care, surgery, and treatment, including but not limited to hospitalization for physical or mental illness in any private or state institution; provided, however, there shall be no such medical care, surgery or hospitalization until a licensed and practicing physician has, in writing, deemed such medical care, surgery, or such hospitalization is in my best interests, and that I don't have sufficient insight, at that time, to personally make the decision and that in case of hospitalization for mental illness, I am likely to injure myself or others if not hospitalized and treated for mental illness.

IN WITNESS WHEREOF, I have hereunto set my hand the 12<sup>th</sup> day of July, 1993.

Return Original to:  
Charline Handbury  
10949 SE Sunnyside Rd  
Clackamas. OR 97015

1-2

*Charles L. Gray*

21659

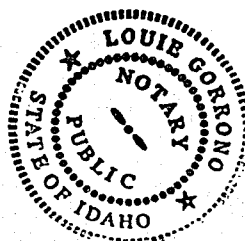
STATE OF IDAHO,

County of Gem.

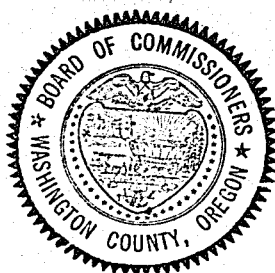
ss.

On this 1st day of July, 1993, before me, the undersigned, a Notary Public in and for said state, personally appeared CHARLES L. GRAY, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.



Louie Gorrone  
Notary Public for Idaho,  
Residing at Emmett, Idaho.



CERTIFIED TO BE A TRUE AND  
CORRECT COPY OF THE ORIGINAL

Date: August 13, 1993  
JERRY R. HANSON, DIRECTOR  
Department of Assessment & Taxation

By D. Hoffman

STATE OF OREGON,  
County of Klamath

ss.

Filed for record at request of:

Klamath County Title  
on this 27th day of Aug. A.D., 19 93  
at 11:23 o'clock A. M. and duly recorded  
in Vol. M93 of Co. Lien Page 21658  
Evelyn Biehn Pocket County Clerk  
By Dorinda Muehlbacher

Fee, \$10.00

Deputy.

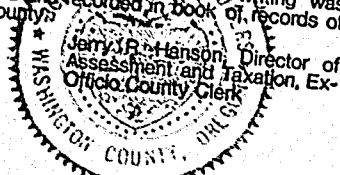
2

STATE OF OREGON

County of Washington

ss.

I, Jerry R. Hanson, Director of Assessment and Taxation and Ex-Officio Recorder of Conveyances for said county, do hereby certify that the within instrument of writing was received and recorded in book of records of said county.



Doc : 93066345  
Rect: 105960

08/13/1993 11:01:20AM

18.00