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do or cause to be done by virtue of these presents.

The validity of this General Power of Attorney shall not be affected by my(our) subsequent disability or incapacity, as recognized under the applicable State Laws, and shall continue in full force and effect during my(our) lifetime, unless sooner revoked or terminated by me(us) in writing.

IN WITNESS WHEREOF, (we) have hereunto set my(our) hand(s) this 22 day of March,

1994

Kathryn M. Shoop

Principal

Principal's Signature

State of

Arizona

County of

Mesa

On this

22nd day of *March*

Public personally appeared, *Kathryn M. Shoop*,

(to me known to be the individual(s) described in and who executed the foregoing instrument and acknowledged that he(she)(they) executed the same for the purposes therein contained.)

My Commission Expires



ACKNOWLEDGMENT

1994 before me, the undersigned Notary

Notary Public

STATE OF OREGON, COUNTY OF Klamath

Filed for record at request of *Aspen Title Co.* the 23rd day

of March, A.D. 1994, at 2:20 P.M. and duly recorded in Vol. M94

on Page 8683

Evelyn Biehn County Clerk

By: *Daniel C. McAllister*

FEE \$15.00