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82729

MTC 1396-7078

DURABLE POWER OF ATTORNEY

The undersigned **Adela B. Nickles**, as principal, domiciled in the State of Washington, does hereby designate **Matthew Nickles** as attorney-in-fact, as follows:

1. When Operative. Pursuant to Washington law, this Power of Attorney shall become effective immediately, and shall continue notwithstanding my physical or mental disability.

2. Powers; General Authority. The attorney-in-fact shall have the power to do all things, on my behalf, with respect to my assets and liabilities, real or personal, wherever located, as I could do if present and competent. Without in any manner limiting the generality of the foregoing, the attorney-in-fact shall have full power to:

A. Withdraw and deposit funds in any account on which I am a signatory.

B. Endorse checks, drafts, or similar instruments made payable to me.

C. Sell or dispose of my assets.

D. Use my assets to provide for my support, maintenance, and health.

E. Process or submit any insurance, Medicare, or similar claims.

3. Powers; Real Estate. The authority which I now give to my attorney-in-fact shall include the power and authority to sell my real estate (street address: 1722 Winnonna Way, Klamath Falls, Or 97603.) Legally described as:

Lot 6, Block 4, FIRST ADDITION TO WINEMA GARDENS, according tot he official Plat thereof on file int he office of the County Clerk of Klamath County, Oregon.

4. Reliance. All persons dealing with the attorney-in-fact are entitled to rely on the apparent authority of the attorney-in-fact, unless they have actual knowledge of any invalidity in the execution of this Power, or of the revocation of this Power, or of the termination of this Power because of my death (or the restoration of competency).

Return: Matthew C. Nickles
2605 N.W 115th Street
Vancouver, Wa 98685

5. Medical Decisions, Personal Care, and Health-related Matters. I also grant the attorney-in-fact full power and authority to make, on my behalf, all decisions relating to my health, person, and personal care. Without in any manner limiting the generality of the foregoing, I specifically intend that my attorney-in-fact shall be authorized to:

A. Give or withhold consent to medical/surgical procedures, medication, therapy, or other treatment of any kind whatsoever.

B. Give or withhold consent to nursing care, nursing home living arrangements, or similar assistance as may be appropriate.

C. Make decisions on my behalf concerning life-prolonging medical procedures.

D. Make decisions on my behalf concerning whether to use, to remove, or to withhold the use of, tubes or other artificial means for providing me with food and water.

6. Prospective Designation of Guardian. In giving this Power of Attorney, I hereby declare that it is also my present wish that, should a guardianship or similar proceeding be necessary for my welfare in the future, my designated attorneys-in-fact, if then willing and able, be appointed and confirmed as such guardian.

7. Effect. I hereby certify that any act done by and on my behalf, pursuant to this Power of Attorney, shall have the full legal effect as if done by me personally, and shall be fully binding upon me.

8. Competency. I am competent, and sign this document understanding its meaning and effect.

DATED this 7 day of June, 1994.

Adela B. Nickles

SUBSCRIBED AND SWORN TO before me this 7 day of June, 1994.

NOTARY PUBLIC in and for the State of Washington, residing at Clark County
My commission expires: 2-9-96

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After recording return to: Matthew C. Nickles
2605 N.W. 115th Street
Vancouver, Wa 98685

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 14th day of June A.D., 19 94 at 11:26 o'clock A M., and duly recorded in Vol. M94, of Power of Attorney on Page 18641.

Evelyn Biehn County Clerk
By Pauline Mullenders

FEE $10.00