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7418 Recording requested by: James A. Diamond, Attorney When recorded, return to: David D. Davis 1816 10th Street Manhattan Beach, Calif., 90266

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

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

I, Helen J. Davis of 1504 Voorhees Avenue, Manhattan Beach, California, appoint David D. Davis of 1816 10th Street, Manhattan Beach, California, 90266, (telephone: 310 372 1770) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

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

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

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

INITIAL

	(A)	Real property transactions.
	(B)	Tangible personal property transactions.
	(C)	Stock and bond transactions.
	(D)	Commodity and option transactions.
	(E)	Banking and other financial institution
	(13)	transactions.
	(F)	Business operating transactions.
	(G)	
	(H)	Estate, trust, and other beneficiary
		transactions.
	(I)	Claims and litigations.
	λ.Τ.	Personal and family maintenance.
<u> </u>		
	(K)	<u> </u>
		Medicaid, or other governmental programs, or
		civil or military service.
	(L)	Retirement plan transactions.
		Tax matters.
VALX-	(N)	ALL OF THE POWERS LISTED ABOVE.

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

10-11-95A11:22 RCVD

SPECIAL INSTRUCTIONS

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

My agent shall have the following additional powers:

1. The power to create and/or to contribute to an IRA or Employee Benefit Plan (including plans for self-employed individuals) for my benefit;

2. The power to select any payment option under any IRA or Employee Benefit Plan in which I am a participant (including plans for self-employed individuals), or to change options I have selected;

3. The power to make voluntary contributions to such plans;

4. The power to make rollovers of plan benefits into other retirement plans, withdraw funds on my behalf from my IRA or Employee Benefit Plan and to transfer my IRA or Employee Benefit Plan funds from one account to another, either at the same institution or at another;

5. The power to execute and deliver a valid disclaimer under the Internal Revenue Code and California Probate Code;

6. The power to make gifts on behalf of the principal;

7. The power to direct the Trustee of any Living Trust to transfer assets out of the Trust for gifting purposes;

8. The power to nominate a conservator;

9. The power to transfer assets into the principal's Living Trust;

10. The power to create or establish a fund or trust for the benefit of the principal or the principal's estate.

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.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If David D. Davis is unable to serve, Merilyn Oefinger of 1140 2nd Street, Manhattan Beach, California (phone: 310 372 6498) shall serve as my agent.

If I have designated more than one agent, the agents are to act separately.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

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	this	13th	day	of	February η	1995.	Ŋ	\cap	
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Helen J. Davis/

SS.

SS # 049 20 6745

STATE OF California

COUNTY OF Los Angeles

On February 13, 1995, before me, the undersigned, a Notary Public in and for said State, personally appeared Helen J. Davis, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

May Ul And otary Public in and for said State

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		3 OFFICIAL NOTARY SEAL MARY ELLEN SAVIDAN Notary Public California LOS ANGELES COUNTY My Comm. Expires JUN 22, 1995					
OF OREGON: COUL	NTY OF KLAMATH : ss.						
r record at request of	James A. Diamond	the11th day					
October	_A.D., 19 _95 at	o'clock M., and duly recorded in Vol M95,					
0	f <u>Power of Attorn</u>	ney on Page 27378					

annette

By.

Bernetha G. Letsch, County Clerk

Mueller

STATE OF OREGON: COUNTY OF KLAM

SEAL

of_	October	A.D., I	19 <u>95</u>	at		. 0
		of	Power	of	Attorney	

Filed for record at request of _____