

A240-10
R240-04**LIMITED POWER OF ATTORNEY**
(With Durable Provision)

TO ALL PERSONS, be it known, that I, ROSEMARIE GUSTIN
of 1434 SW Morrison #403, Portland, OR. 97265
as Grantor, do hereby make and grant a limited and specific power of attorney to Denise S. Day
of 1550 Hope St., Klamath Falls, OR 97603
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:
(Describe specific authority)

FINANCIAL AFFAIRS

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this 7th day of AUGUST, 1996.
Signed in the presence of:

Sean Carroll Rul
Witness

Rosemarie Gustin
Grantor

Joelyn Salvetti Rul
Witness

Denise S. Day
Attorney-in-Fact

State of OREGONCounty of WASHINGTONOn AUG. 7, 1996 before me, MARK HUGHES
appeared

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 to me 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.

Signature Mark Hughes

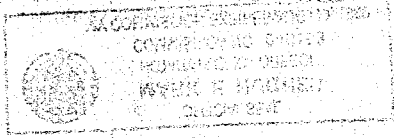
Affiant Known Produced ID
Type of ID _____ (Seal)



OFFICIAL SEAL
MARK E. HUGHES
NOTARY PUBLIC - OREGON
COMMISSION NO. 046183

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(Revised 10/95)





[Handwritten signature]

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rosemarie Gustin the 21st day
of August A.D., 19 96 at 1:02 o'clock P.M., and duly recorded in Vol. M96
of Power Of Attorney on Page 25856
By Bernetha G Letsch, County Clerk
[Signature]

FEE \$10.00

[Faint handwritten notes and signatures]

E-Z Legal Form A240-10
R240-04

**LIMITED POWER
OF ATTORNEY**

DATED:

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[Handwritten text]

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