

Form A205

**GENERAL POWER OF ATTORNEY****(With Durable Provision)**

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.**

TO ALL PERSONS, be it known that I, John B. Tucker  
of 4507 Cannon Ave. #27, Elmhurst, Ill. 60120  
the undersigned Grantor, do hereby make and grant a general power of attorney to  
Ramona Kimsey McLendon of 8524 Calais Cir. Sacramento, Calif. 95828  
and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | (A) Real estate transactions  |
| ✓ [Init.]                | (B) Chattel and goods transactions  |
| ✓ [Init.]                | (C) Bond, share and commodity transactions  |
| ✓ [Init.]                | (D) Banking transactions  |
| <input type="checkbox"/> | (E) Business operating transactions   |
| ✓ [Init.]                | (F) Insurance transactions  |
| ✓ [Init.]                | (G) Estate transactions   |
| ✓ [Init.]                | (H) Claims and litigation   |
| ✓ [Init.]                | (I) Personal relationships and affairs  |
| <input type="checkbox"/> | (J) Benefits from military service  |
| <input type="checkbox"/> | (K) Records, reports and statements   |
| ✓ [Init.]                | (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select |
| ✓ [Init.]                | (M) All other matters   |

**Durable Provision:**

- ✓ [Init.] (N) If the blank space in the block to the left is initialed by the grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the grantor.

**Other Terms:**

RE: Ramona K. McLendon  
8524 Calais Circle  
Sacramento, CA 95828



0 53926 20022 1

AQHQ

(Revised 1/95)

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this

10 day of January

1996

Signed in the presence of:

Witness

Grantor

Witness

Attorney-in-Fact

State of Oregon  
County of Klamath

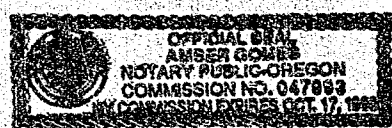
On Jan. 10th 1996 before me, Amber Gomes  
appeared Helen E. Tucker, person-  
ally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose  
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they exe-  
cuted the same in his/her/their 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

Affiant Known Produced ID  
Type of ID OED # 4631548

(Seal)



STATE OF OREGON,  
County of Klamath ss.  
Filed for record at request of:

Helen E. Tucker  
on this 16th day of January A.D., 1997  
at 1:11 o'clock P. M. and duly recorded  
in Vol. M97 of Power of Page 1406  
Attorney  
Bernetha G. Letsch, County Clerk

By Kaitlin Ross  
Fee, \$10.00 Deputy.