

48755

RECORDING REQUESTED BY

Vol. 297 Page 37873

WHEN RECORDED MAIL TO:

Chris A. Souza
1206 Summer St
Klamath Falls
97603

This space for Recorder's Use

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). 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, Gary Souza
(your name and address)

appoint Chris A. Souza
(name and address of the person appointed, or of each person appointed if you want to designate more than one)

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

- ES (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 transactions.
 _____ (F) Business operating transactions.
 _____ (G) Insurance and annuity transactions.
 _____ (H) Estate, trust, and other beneficiary transactions.
 _____ (I) Claims and litigation.
 _____ (J) Personal and family maintenance.
 _____ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.
 _____ (L) Retirement plan transactions.
 _____ (M) Tax matters.
 _____ (N) ALL OF THE POWERS LISTED ABOVE.

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

Uniform Statutory Form
Power of Attorney

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SPECIAL INSTRUCTIONS:

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

effective to December 25, 1997

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 through 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 I have designated more than one agent, the agents are to act

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 6 day of Nov, 1997

Gary Souza (your signature)

553-78-9761
(your social security number)

State of California County of Lake

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

State of California:

County of La. Kr

On November 1, 1997 before me, the undersigned, a notary public in and for said State, personally appeared

Gary Souza

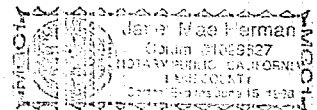
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the 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

Janet Mae Herman

(Seal)



Uniform Statutory Form
Power of Attorney

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Chris A. Souza the 18th day of November A.D., 19 97 at 1:11 o'clock P.M. and duly recorded in Vol. M97 of Deed on Page 37873

Bernetha G. Leisch, County Clerk

By Kathleen Ross

FEE \$15.00
1.50 c.c.