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(i) If (g) and/or (h) are not stricken the Notice at the top of page 2 applies.

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THIS FORM IS NOT VALID FOR HEALTH CARE DECISIONS. (Use Wolcotts Form 1401 for that purpose.)

which to us her provod to us on the bases of centre Before you use this form; fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or wearanty, express or implied; with respect to the merchantability or fitness of this form for an attended use or purpose.

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to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and

We declare under penalty of perjury under the laws of the State of <u>CA</u> that the person who signed or acknowledged this document is personally known to us (or proved to us on the basis of convincing evidence) to be the principal who signed or acknowledged this acknowledged this durable power of attempt in our presence. Executed this 23 day of <u>October</u>, 1997

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THIS EARLY THE HALL THE		TH CORE DECISIONS.	WITNESSIAV TO	M 21 530 St Burt
THIS FORM IS NOT VALID FOR H STATE OF OREGON: COUNTY O	EALTH CARE DECISIONS. (Use WO	olcotts Form 1401 for that pur	rpose.)	नार े स्वत्याल्य क्रमा
riled for record at request of	James L. LeSeney			
	19 97 at 2:31 o'clo	rck D M	the 16 t	h day
of	Power of Atttorney	on Page 4084	y recorded in Vol 8	M97

Bernetha G. Leisch, County Clerk

FEE \$10.00