

52151

52151

POWER OF ATTORNEY

Vol. 1198 Page 2331

STATE OF OREGON, County of Klamath ss.

I certify that the within instrument was received for record on the 26th day of January, 1998, at 10:43 o'clock A.M., and recorded in book/reel/volume No. M98 on page 2331 and/or as fee/file/instrument/microfilm/reception No. 52151.

Records of said County. Power of Attorney. Witness my hand and seal of County affixed.

Bernatha G. Lersch, County Clerk

By Deanna Edwards Deputy

SPACE RESERVED FOR RECORDERS USE

Fee \$5.00

After recording, return to Name, Address, Zip:

Louis Adkins
1204 East St.
Klamath Falls-OR 97601

KNOW ALL BY THESE PRESENTS that I, Louis Elizabeth Walen Adkins

have made, constituted and appointed, and by these presents do hereby make, constitute and appoint Norma Adkins, Holaday or Donald Glenn Adkins or Jack Leroy Adkins

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit, to demand, sue for, recover, collect and receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, here-ditaments, and accept the seisin and possession thereof and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any of the same for such price, upon such terms and con- ditions and with such covenants as my attorney shall think fit; to sell, transfer and deliver all or any shares of stock owned by me in any corporation for any price and receive payment therefor, and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agree- ments, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests; to have access to any safe deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order; to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also

GIVING AND GRANTING unto my attorney the full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect (delete inapplicable phrase):

(a) on the date next written below:

(b) on the date I am adjudged incompetent by a court of proper jurisdiction.

If neither phrase is deleted, this power shall take effect on the date next written below.

My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

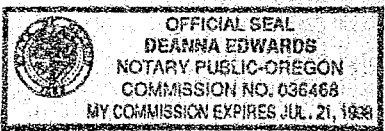
In construing this instrument, and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, I have hereunto set my hand on Jan 26, 1998.

Louis Elizabeth Walen Adkins

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on January 26, 1998, by Louis Elizabeth Walen Adkins



Deanna Edwards
Notary Public for Oregon
My commission expires 7-21-98

CERTIFICATE OF DEATH

1. DECEASED NAME: William 2. SEX: Male 3. DATE OF DEATH (Month, Day, Year): January 20, 1998

4. SOCIAL SECURITY NUMBER: 547-10-1065 5. AGE: 86 6. PLACE OF BIRTH (Month, Day, Year): September 24, 1911

7. PLACE OF BIRTH (Country): Kenilworth, Ohio 8. COUNTY OF DEATH: Klamath

9. FACILITY NAME: 5249 Golden Court 10. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls 11. COUNTY OF DEATH: Klamath

12. DECEASED'S USUAL OCCUPATION: Box Factory 13. TYPE OF DEATH: 1. Natural 14. MARITAL STATUS: Married 15. SPOUSE (Name, Maiden Name): Ella M.

16. RESIDENCE: Oregon 17. COUNTY: Klamath 18. CITY, TOWN OR LOCATION: Klamath Falls 19. STREET AND NUMBER: 3249 Golden Court

20. ZIP CODE: 97603 21. DECEASED'S EDUCATION: High School Graduate

22. FATHER: Alvin 23. MOTHER: Alvin 24. DECEASED'S RELATIONSHIP TO DECEASED: Rolland Smith, son

25. SIGNATURE OF DECEASED: [Signature] 26. SIGNATURE OF DECEASED'S RELATIONSHIP TO DECEASED: [Signature]

27. TIME OF DEATH: 8:10 AM 28. DATE OF DEATH: January 22, 1998

29. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: F. Geoffrey Marx, MD, 1601 S. 1st St., Klamath Falls, OR 97601

30. NAME OF ATTENDING PHYSICIAN: [Signature]

31. PART: (a) Due to a disease or condition of 32. INTERVAL BETWEEN ONSET AND DEATH: 10 min

33. OTHER SIGNIFICANT CONDITIONS: None

34. MANNER OF DEATH: (a) Natural 35. DATE OF DEATH: January 22, 1998

36. PLACE OF DEATH: At home, family, hospital, nursing home, etc.

37. LOCATION (Street and Number or Post Office Number, City or Town, State): Klamath Falls, Oregon

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

ORIGINAL VITAL STATISTICAL COPY

JAN 23 1998

DATE ISSUED: January 23, 1998 BY: [Signature]

STATE OF OREGON, COUNTY OF KLAMATH

Filed for record at request of Rolland Smith the 26th day of January A.D., 19 98 at 10:43 o'clock A M., and duly recorded in Vol. M98 of Deeds on Page 2332.

Bernetha G. Letsch, County Clerk

By [Signature]

FEE \$10.00 Return: Rolland Smith
3313 Raymond St.
K. Falls, OR 97603