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MTC 1396-9011
DURABLE POWER OF ATTORNEY

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AMERITITLE, has recorded this
instrument by request as an accommodation only,
and has not examined it for regularity and sufficiency
or as to its effect upon the title to any real property
that may be described therein.

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, Herman Clifton Bradley, do make, constitute and appoint David C. Bradley, my son, as my true and lawful attorney to act in, manage, and conduct all my affairs, and for that purpose in my name and on my behalf to do and execute all or any of the following acts, deeds and things:

1. To collect, demand, sue for, recover and receive all sums of money, debts and demands whatsoever which are or shall be due, owing and belonging to me or detained from me, and deliver such receipts, releases, or other discharges for the same as my attorney shall think fit or be advised.

2. For me and in my name and for any of my accounts to deposit in such banks all monies which shall come into the hands of my attorney and all drafts, checks, promissory notes and other securities for money payable or belonging to me, and for that purpose to sign my name and endorse the same for deposit or collection, and from time to time to withdraw any and all monies deposited with any of the said banks, and for that purpose to draw checks in my name, and to open or close bank accounts in my name.

3. To pay my obligations and to settle any account whatsoever, wherein I now am or at any time hereafter, shall be in any way interested or concerned with any person whomsoever, and to pay or receive the balance thereof as the case may require.

4. To commence, prosecute, discontinue or defend all actions or other legal proceedings touching my estate or any part hereof, or touching any manner which I or my estate may be in any way concerned.

5. To sell or exchange any item or items of my personal property for such consideration upon such terms as my attorney shall think fit, and to execute and deliver good and sufficient instruments, receipts, titles or bills of sale as my attorney shall see fit to execute and deliver, and to give good and effectual receipts for all or any part of the purchase price or other consideration.

UPON RECORDING RETURN TO:

Joseph N. Vader
P.O. Box 1185
Olathe, Kansas 66051

6. To transfer or assign my savings accounts, checking accounts, certificates of deposit, stocks, bonds, mutual funds, or any other securities or investments into such form of ownership between myself and my son, David C. Bradley, in individual capacity and not related to capacity as my attorney-in-fact, as will accomplish exclusive ownership of such accounts, investments and securities in the survivor of us, whether by the device of joint tenancy, totten trust or other forms of trust designating as beneficiary, or other legal device as will transfer ownership to my wife upon my death without the necessity of probate or other judicial proceeding. Nothing in this paragraph shall be construed to limit my said attorney's power to liquidate any of such property as granted in Paragraph 5 hereof.

7. In general, to do all other acts, deeds, matters and things whatsoever in or about my estate, property, and affairs, or to concur with persons jointly interested with myself therein in doing all acts, deeds, matters and things herein, either particularly or generally described, and to do any and all acts which shall determine to be in my best interests, and to do and perform all acts necessary in the execution of the powers hereby granted, as fully as I might do if personally present.

8. I further designate and appoint the previously named David C. Bradley to be my agent for health care decisions and pursuant to the language stated below, on my behalf to:

a. Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;

b. Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this State to administer health care as the agent shall deem necessary for my physical, mental and emotional well being; and

c. Request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other

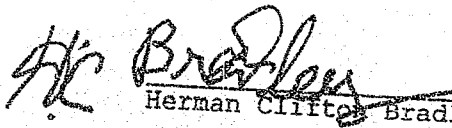
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documents that may be required in order to obtain such information.

9. And, I, Herman Clifton Bradley, hereby ratify and confirm all and whatsoever my attorney shall lawfully do or cause to be done in and about the premises by virtue of these presents, including anything which shall be done between the revocation of these presents by my death or in any other manner and notice of such revocation reaching my attorney; and I specifically grant to my attorney the authority to exercise the powers contained herein; and I hereby declare that as against me and all persons claiming under me everything which my attorney shall do or cause to be done in pursuance hereof after such revocation as aforesaid shall be valid and effectual in favor of any person claiming the benefit thereof or before the doing thereof shall not have had notice of such revocation.

10. Any powers of attorney previously executed by me are hereby revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of August, 1997.


Herman Clifton Bradley

12232

STATE OF KANSAS)
) ss.
 COUNTY OF JOHNSON)

BE IT REMEMBERED that on this 1ST day of AUGUST, 1997, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came Herman Clifton Bradley, who is personally known to me to be the same person who executed the foregoing Durable Power of Attorney, and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last above written.

JOSEPH N. WADEN
 NOTARY PUBLIC
 STATE OF KANSAS


 Notary Public

My Appointment Expires:

2-24-99

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 14th day
 of April A.D., 19 98 at 11:34 o'clock A.M., and duly recorded in Vol. M98,
 of Power of Attorney on Page 12229.

FEE \$20.00

By Bernetha G. Letsch, County Clerk
Kathleen R. Ross