

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Vol 1799 Page 13551

Name HERBERT LAIZANS  
Address 34646 VIA CATALINA  
City & State CAPISTRANO BEACH, CA  
92624

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## POWER OF ATTORNEY (SPECIAL)

WARNING: THIS DOCUMENT GIVES YOUR ATTORNEY-IN-FACT THE POWER TO ACT FOR YOU IN ANY WAY YOU COULD ACT FOR YOURSELF. IT MAY BE IN YOUR BEST INTEREST TO CONSULT WITH AN ATTORNEY TO EXPLAIN ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS POWER OF ATTORNEY AT ANY TIME.

KNOWN ALL MEN BY THESE PRESENTS: That I, Sasha L. Laizans And  
Thor L. Laizans And Lotte B. Laizans And Rebecca V. Gerics-Cronister  
And Scott E. Gerics And Steven S. Gerics  
the undersigned (jointly and severally, if more than one), do hereby appoint Laurel R.  
Gerics-Jennings

as my exclusive, true and lawful Attorney-in-Fact in my capacity, for me and in my name, continuing until 5:00p.m. (P.S.T.) on Dec. 31 2000 when this power shall expire, for the special and limited purpose(s) of

The Sale Of Real Property  
(E.g., Escrow Number, Purchase, Sale, Exchange, Refinance, etc. Indicate your selection(s) above)

with respect to the following described real property in the County of Klamath  
State of Oregon

That portion of the W 1/2 NW 1/4 NW 1/4 lying Southwesterly of the  
Keno Worden Road in Section 21, Township 40 South, Range 8 East of  
the Willamette Meridian, in the County of Klamath, State of Oregon.  
more commonly known as: Code 22 And 8 Map 4008-2180 TL 200

Keno Worden Road

For such limited and special purposes, said Attorney(s) is/are hereby authorized in Principal's name, and for Principal's use and benefit:

- (A) to loan, advance, defer payment of, demand, sue for, collect, and receive all sums of money, debts, accounts, legacies, bequests, interests, dividends, annuities, and demands as are now or shall hereafter become due, owing, payable, or belonging to Principal, and take all lawful means in the name of Principal for the recovery thereof and to compromise the same, and give satisfaction, releases or discharges for the same;
- (B) to buy and sell land, exchange, mortgage, hypothecate, foreclose, assign, transfer, convey and in any lawful manner deal in and with land, make contracts of every kind relative to land, any interests therein or the possession thereof, and take possession and exercise control over the use thereof;
- (C) to buy, sell, exchange, mortgage, hypothecate, foreclose, assign, transfer, convey and in any lawful manner deal in and with goods, wares, and merchandise, choses in action, certificates or shares of capital stock, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatever nature;
- (D) to execute, acknowledge and deliver contracts of sale, escrow instructions, deeds, leases (including both oil and gas and community oil and gas leases), assignments of leases, covenants, agreements, assignments of agreements, mortgages assignments of mortgages, conveyances in trust to secure indebtedness or other obligations, and assign the beneficial interest thereunder, subordinations of liens or encumbrances, indemnities, bills of lading, bills, bonds, notes, receipts, evidences of debt, requests for partial or full reconveyance of deeds of trust, releases and satisfactions of mortgages, judgments, and other debts, and other instruments in writing of whatever kind and nature, all upon such covenants as said Attorney shall provide.

**GIVING AND GRANTING** to said Attorney full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as Principal might or could do if personally present.

All that the said Attorney shall lawfully do or cause to be done under the authority of this Power of Attorney is expressly approved, ratified and confirmed.

Dated: Feb 25 / 99

Subscribing Witness  
HERBERT LAIZANS

Signature Sasha L. Laizans  
Sasha L. Laizans

Thor L. Laizans  
Thor L. Laizans

Lotte B. Laizans  
Lotte B. Laizans

Rebecca V. Gerics-Cronister  
Rebecca V. Gerics-Cronister

Scott E. Gerics  
Scott E. Gerics

Steven S. Gerics  
Steven S. Gerics

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA  
COUNTY OF Orange

JSS

On FEBRUARY 25, 1999 before me, RICHARD F. MANEY, Notary Public  
 personally appeared SASHA L. LAIZANS  
 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) on the entry upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal.

Signature: [Signature]

This area for official notarial seal.

---

 OPTIONAL SECTION  
 CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL☐ CORPORATE OFFICER(S) \_\_\_\_\_ TITLE(S) \_\_\_\_\_☐ PARTNER(S) - ☐ LIMITED ☐ GENERAL☐ ATTORNEY-IN-FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER \_\_\_\_\_

## SIGNER IS REPRESENTING:

SELFName of Person or Entity Sasha L. Laizans

Name of Person or Entity \_\_\_\_\_

---

 OPTIONAL SECTION

Though the date requested here is not required by law, it could prevent fraudulent reattachment of this form

## THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW

TITLE OR TYPE OF DOCUMENT: Power Of Attorney (Special)NUMBER OF PAGES Two (2) DATE OF DOCUMENT 2-25-99SIGNER(S) OTHER THAN NAMED ABOVE TILOR L. LAIZANS / LOTE B. LAIZANS / SCOTT E. GERICS  
STEVEN S. GERICS / REBECCA V. GERICS - CO-OWNER

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA

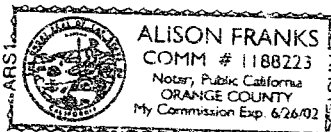
COUNTY OF Orange

)SS

On February 25, 1999before me, Alison Frankspersonally appeared Thor L. Laizans

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 Alison Franks

This area for official notarial seal.

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 OPTIONAL SECTION  
 CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL☐ CORPORATE OFFICER(S) \_\_\_\_\_ TITLE(S)☐ PARTNER(S) - ☐ LIMITED ☐ GENERAL☐ ATTORNEY-IN-FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER \_\_\_\_\_

## SIGNER IS REPRESENTING:

Name of Person or Entity Thor L. Laizans

Name of Person or Entity \_\_\_\_\_

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 OPTIONAL SECTION

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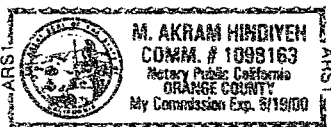
TITLE OR TYPE OF DOCUMENT: Power Of Attorney (Special)NUMBER OF PAGES \_\_\_\_\_ DATE OF DOCUMENT 2-25-99

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

**SUBSCRIBING-WITNESS ACKNOWLEDGMENT ("WITNESS JURAT")**

**13555**

State of California  
County of Orange } SS.



On this the 26<sup>th</sup> day of February, 1999, before me, the undersigned  
Notary Public, personally appeared Herbert Laizans (name of subscribing witness)  
☒ personally known to me  
☐ proved to me on the oath/affirmation of \_\_\_\_\_ (name of credible  
witness who identifies subscribing witness); a credible witness whom I know personally  
to be the person whose name is subscribed to the within instrument as a witness thereto, who, taken  
by me duly sworn, deposes and says that he the said was present and saw  
Lotte B. Laizans (name of principal signer not appearing before  
Notary), the same person described in and whose name is subscribed to the within and annexed in-  
strument as a party thereto, execute the same, and that said affiant subscribed his (the per-  
son's name to the within instrument as a witness at the request of Lotte B. Laizans  
(name of person who signed as a witness)

M. Akram Hindiye  
(Notary's signature)

**ATTENTION NOTARY:** Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT

Title or Type of Document Power of Attorney (Special) / Sale of Real Property  
known as Code 22 and 8 Kap 4003 2180 Studio City, CA  
Number of Pages 2 Date of Document 2-25-99  
Signed at Studio City, CA  
Signer(s) Other Than Named Above Yes

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document.

☒ INDIVIDUAL

☐ CORPORATE OFFICER(S) \_\_\_\_\_ TITLE(S)

☐ PARTNER(S) - ☐ LIMITED ☐ GENERAL

☐ ATTORNEY-IN-FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER \_\_\_\_\_

**SIGNER IS REPRESENTING:**

Name of Person or Entity Lotte B. Laizans

Name of Person or Entity \_\_\_\_\_

**OPTIONAL SECTION**

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**THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW**

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NUMBER OF PAGES \_\_\_\_\_ DATE OF DOCUMENT \_\_\_\_\_

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF Oklahoma

JSS

COUNTY OF Logan

On March 7 1999 before me, Rebecca V. Gerics - Cronister  
 personally appeared Rebecca V. Gerics - Cronister  
 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 Ben Cronister

This area for official notarial seal.

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 OPTIONAL SECTION  
 CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL☐ CORPORATE OFFICER(S) \_\_\_\_\_ TITLE(S)☐ PARTNER(S) - ☐ LIMITED ☐ GENERAL☐ ATTORNEY-IN-FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER \_\_\_\_\_

## SIGNER IS REPRESENTING:

Rebecca V. Gerics - Cronister  
 Name of Person or Entity Rebecca V. Gerics -  
 Cronister

Name of Person or Entity

---

 OPTIONAL SECTION

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NUMBER OF PAGES \_\_\_\_\_ DATE OF DOCUMENT \_\_\_\_\_

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

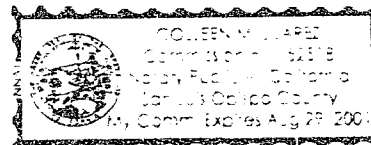
## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA )  
COUNTY OF San Luis Obispo )

On March 24, 2000 before me, Colleen M. Lopez,  
personally appeared Scott E. Gerics  
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 Colleen M. Lopez



This area for official notarial seal.

**OPTIONAL SECTION**  
**CAPACITY CLAIMED BY SIGNER**

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☒ INDIVIDUAL

☐ CORPORATE OFFICER(S) \_\_\_\_\_ TITLE(S) \_\_\_\_\_

☐ PARTNER(S) ☐ LIMITED ☐ GENERAL

☐ ATTORNEY-IN-FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER \_\_\_\_\_

**SIGNER IS REPRESENTING:**

Name of Person or Entity Scott E. Gerics

Name of Person or Entity \_\_\_\_\_

**OPTIONAL SECTION**

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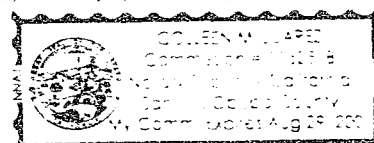
NUMBER OF PAGES \_\_\_\_\_ DATE OF DOCUMENT \_\_\_\_\_

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA )  
COUNTY OF San Luis Obispo )On March 24, 1999 before me, Steven S. Gerics,  
personally appeared Steven S. Gerics  
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 Steven S. Gerics

This area for official notarial seal.

OPTIONAL SECTION  
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☒ INDIVIDUAL☐ CORPORATE OFFICER(S) \_\_\_\_\_ TITLE(S) \_\_\_\_\_☐ PARTNER(S) - ☐ LIMITED ☐ GENERAL☐ ATTORNEY-IN-FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER \_\_\_\_\_

## SIGNER IS REPRESENTING:

Name of Person or Entity Steven S. Gerics Name of Person or Entity \_\_\_\_\_  
City, CA

## OPTIONAL SECTION

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SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Herbert Laizans the 14th day  
of April A.D. 1999 at 11:55 o'clock AM and duly recorded in Vol M99  
of DEEDS on Page 13551

Linda Smith, County Clerk

FEE: \$45.00

by Kathleen Rose

TK

Vol. M99 Page 13559

99 APR 14 AM 1:55  
 KNOW ALL MEN BY THESE PRESENTS, That I, Stephanie Pryor

have made, constituted and appointed and by these presents do make, constitute and appoint Russ  
and Teresa Munson  
 my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

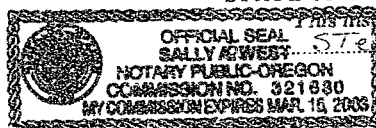
Any and ALL Medical and school Functions  
 as needed for Brandi Mitchell.

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.  
 Dated April 14, 1999.

Stephanie Pryor

STATE OF OREGON, County of Klamath ) ss.



This instrument was acknowledged before me on April 14, 1999.

Sally A. West

Notary Public for Oregon

My commission expires Mar 16, 2003

# POWER OF ATTORNEY

(FORM No. 13)

TO

SPACE RESERVED  
 FOR  
 RECORDER'S USE

AFTER RECORDING RETURN TO

Stephanie Pryor  
1756 Fargo St.  
Klamath Falls, OR 97603

NAME, ADDRESS, ZIP

Fee \$5.00

STATE OF OREGON, ) ss.  
 County of Klamath

I certify that the within instrument was received for record on the 14th day of April, 1999, at 11:55 clock AM, and recorded in book reel/volume No M99, on page 13559 or as fee/file instrument, microfilm/reception No. Record of Power Of Attorney of said County.

Witness my hand and seal of County affixed.

Linda Smith, County Clerk

NAME

TITLE

By Kathleen Pryor

Deputy

5.00 CA  
 5.00 N