

'99 MAR 14 P3:41

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Mail TO:
 Jeffrey Chudoba
 934 Pacific Terrace
 Klamath Falls, Oregon 97601

A240-10
 R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, that I, ELIZABETH CHUDOBIA, of 634 PAUL DRIVE JACKSONVILLE, NORTH CAROLINA 28540, as Grantor, do hereby make and grant a limited and specific power of attorney to JEFFREY W CHUDOBIA, of 634 PAUL DRIVE JACKSONVILLE, NC 28540 and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally: all with full power of substitution and revocation in the presence: (Describe specific authority) ALL REAL ESTATE TRANSACTIONS RELATED TO THE PURCHASE OF 934 PACIFIC TERRACE, KLAMATH FALLS, OR
U.S BANK, LOAN # 4019543

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms: NONE



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Signed under seal this 6 day of May, 1999 (year).
Signed in the presence of:

Witness

Elizabeth Chudoba
Grantor

Witness

[Signature]
Attorney in Fact

Witness

Witness

State of North Carolina
County of Onslow

On 6 May 1999

before me,

John F. Vitt, Notary Public

appeared Elizabeth Chudoba

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.

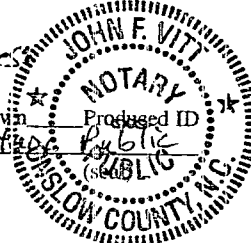
Signature

[Signature]

My Commission expires Aug 30, 1999

Affiant Notary Known Public Produced ID Public

Type of ID Notary (Seal)



State of _____
County of _____
On _____

before me,

appeared _____

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 _____

Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

State of Oregon, County of Klamath
Recorded 5/14/99, at 3:41 PM
at the referenced page, Vol. M99
Linda Smith, County Clerk
Fee \$ 1.50

Linda Smith