1999 AUG 31 All 9: 45

A205-10 R205-04

GENERAL 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, THOMAS R. YON JR. of ROSEDURG OR. 97470
the undersigned Grantor, do hereby make and grant a general power of attorney to LAVELL VICKERS, of MALIN OR, 97632

and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[]	(A)	Real estate transactions		
[]	(B)	Tangible personal property transactions		
Į.]	(C)	Bond, share and commodity transactions		
[1	(D)	Banking transactions		
[]	(E)	Business operating transactions		
[]	(F)	Insurance transactions		
Į	J	(G)	Gifts to charities and individuals other than Attorney-in-Fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)		
[]		Claims and litigation		
[Til	e.y.i	(1)	Personal relationships and affairs CUSTODY OF ADAM M. YOU		
{]		Benefits from military service		
[]	(K)	Records, reports and statements AGHH Rev. 49		

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



Rev. 4/99

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ſ]	(L) Full and unqualified au powers to any person o	thority to my attorney-in-fact to delegate any or all of the foregoing r persons whom my attorney-in-fact shall select
[}	(M) Access to safe deposit b	Dox(es)
ſ]	(N) All other matters	
		Durable Provision:	
[J	(O) If the blank space in the ney shall not be affecte Other Terms:	ne block to the left is initialed by the Grantor, this power of attord d by the subsequent disability or incompetence of the Grantor.
tion d TO IN THIR INSTI HERE ACTU SHAL FOR I AGRE AGAII BY RE	eems ad NDUCE D PART RUMEN FOR SHAL NO L HAVI MY HEI E TO IN NST AN EASON FUMENT	visable, and I affirm and realized to the control of the control o	appointment subject to its terms and agrees to act and pertit with my best interests as he/she in his/her best discretify all acts so undertaken. ACT HEREUNDER, I HEREBY AGREE THAT ANY LY EXECUTED COPY OR FACSIMILE OF THIS ER, AND THAT REVOCATION OR TERMINATION AS TO SUCH THIRD PARTY UNLESS AND UNTIL EE OF SUCH REVOCATION OR TERMINATION SUCH THIRD PARTY, AND I FOR MYSELF AND AL REPRESENTATIVES AND ASSIGNS, HEREBY HARMLESS ANY SUCH THIRD PARTY FROM AND HAT MAY ARISE AGAINST SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS
Signed i	n the pres		Grantor August 1999 (year).
Witness			Si Lange Wiles
State of County of On to me (or the within ity(ies), a person(s)	proved to instrume and that by actednexe	Defore me, The Defore me, The Dickey of Satisfactory and acknowledged to me that	Atterney in Fact (signo mo the R
(Seal)	М	Y COMMISSION NO. 300786 Y COMMISSION EXPIRES MAY 4, 2001	Affiant Known Produced ID Type of ID Orexon Drives Uc.

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

State of Oregon, County of Klamath Recorded 8/31/99, at <u>9:45 a</u>m. In Vol. M99 Page 35021 Linda Smith, Fee\$ /0 -County Clerk