

1999 SEP 22 TUE 12:50

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.

OC- TO ALL PERSONS, be it known that I, SHERYL C. GOFF
of 3949 GREENSPRINGS DR. KIAMATH FALLS, OR 97601
the undersigned Grantor, do hereby make and grant a general power of attorney to
DIANA M. GOFF, of 3949 GREENSPRINGS DR, KIAMATH FALLS, OR 97601
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.)

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | (A) Real estate transactions |
| <input checked="" type="checkbox"/> | (B) Tangible personal property transactions |
| <input checked="" type="checkbox"/> | (C) Bond, share and commodity transactions |
| <input checked="" type="checkbox"/> | (D) Banking transactions |
| <input checked="" type="checkbox"/> | (E) Business operating transactions |
| <input checked="" type="checkbox"/> | (F) Insurance transactions |
| <input checked="" type="checkbox"/> | (G) Gifts to charities and individuals other than Attorney-in-Fact
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| <input checked="" type="checkbox"/> | (H) Claims and litigation |
| <input checked="" type="checkbox"/> | (I) Personal relationships and affairs |
| <input checked="" type="checkbox"/> | (J) Benefits from military service |
| <input checked="" type="checkbox"/> | (K) Records, reports and statements APHH |

Rev. 6/98

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



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[] ☒ (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select

☒ (M) Access to safe deposit box(es)

[] ☒ (N) All other matters

Durable Provision:

[] ☒ (O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms:

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 22nd day of September, 1999 (year).

Signed in the presence of:

Chandey D. [Signature]
Witness

[Signature]
Grantor

[Signature]
Witness

[Signature]
Attorney-in-Fact

State of Oregon
County of Klamath

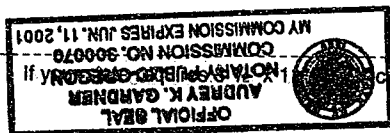
On Sept. 22, 1999 before me, Audrey K. Gardner
Sheryl C. Goff

, 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 Audrey K. Gardner

(Seal)



Affiant Known (Produced ID)
Type of ID Oregon Drivers License

cut off the bottom of this page at the dotted line.

State of Oregon, County of Klamath
Recorded 9/22/99, at 12:50 P.m.
In Vol. M99 Page 37708
Linda Smith,
County Clerk Fee \$ 10⁰⁰