Vol M99 Page

(1) Full and unqualitied authority to my atomics in Part to delegate any neally of the torogonage . 1998 स्थाप कराज्यमा ए. इंटर वाली व्यवस्थात है है जिल्हा पूर्व के प्राप्त कर है जो है।

दे कारताती महत्त्वाचीन श्रीहर एक श्रीविश्वाची है । है।

A Zindum Dillold (K.K. Bolston's objection:

(O) If the black space in the block to the left is initialed by the Genner, this power of attorhe's shall not be affected by the subsequent disability or incompelence of the Granton

A205-10 R205-04

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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 PROP-ERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DIS-ABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHO-RIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDER-STAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

of 1283 911 Crest Stark lamath Falls, OR 1197603 the undersigned Grantor, do hereby make and grant a general power of attorney to Janice Kay Babb, of 11517 Red Wing Loop, Keno, OR 97627 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.)

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1 (B)	Tangible personal property transactions
1 / XM	Bond, share and commodity transactions
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palitic (G)	Gifts to charities and individuals other than Attorney-in a actionated, consult an attorney.)
พ.~ สมิวัส	(If trust distributions are involved
[] (H)	Claims and litigation
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1 17/20	Benefits from military service
[Chronical Control	Records, reports and statements Rev. 4/95
	- 4 this page at the dotted line.

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 11/15/09, at $1/(c^q \mu^c)$ in In Vol. Nep Page 1/5400 Linda Smith, County Clerk Feets 20

Rev. 4/99

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Full and unqualified authority to my and	orney-in-fact to delegate any or all of the foregoing my attorney-in-fact shall select
[(L) Full and unqualified authority to my atterpowers to any person or persons whom	
[(M) Access to safe deposit box(es)	
[All other matters	
Durable Provision:	left is initialed by the Grantor, this power of attor- equent disability or incompetence of the Grantor.
(O) If the blank space in the subsequence of the su	left is initialed by the Grantor, this pooled capacity or incompetence of the Grantor.
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State of Oregon, County of Klamath Recorded 11/15/99, at 4:04 p. m. In Vol. M99 Page 45 40 c. Linda Smith, County Clerk Fee\$ 10°2