

AFTER RECORDING

RETURN TO: EARL BLANKENSHIP

2499 DRUMMOND DR.

YUBA CITY, CA 95991

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MT50535-LW

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, PEBBIE CHRISTENE BLANKENSHIP, of
(Address) 2499 DRUMMOND DR YUBA CITY CA 95991
appoint EARL E. BLANKENSHIP as my agent (Attorney-in-Fact)
to act for me in any lawful way with respect to the following initialed subjects:

IF YOU HAVE APPOINTED MORE THAN ONE AGENT, AND YOU HAVE INDICATED THEY ARE TO ACT "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- (A) Real property transactions.
- (B) Tangible personal property transactions.
- (C) Stock and bond transactions.
- (D) Commodity and option transactions.
- (E) Banking and other financial institution transactions.
- (F) Business operating transactions.
- (G) Insurance and annuity transactions.
- (H) Estate, Trust, and other beneficiary transactions.

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- (I) Claims and litigation.
- (J) Personal and family maintenance.
- (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or civil or military service.
- (L) Retirement plan transactions.
- (M) Tax matters.

P.C.B(N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

I have created a Living Trust which is known as THE BLANKSHIP TRUST
dated 3-7-91. My Attorney-in-Fact has the power to sign,
execute, acknowledge and deliver documents and generally to transact business and act as and in
place of the Trustee on behalf of the Living Trust with all the same powers granted to the
Trustee.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY, UPON EXECUTION, AND WILL CONTINUE UNTIL IT IS REVOKED UNLESS YOU PLACE YOUR INITIALS IN THE SPACE PROVIDED BELOW.

 THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE ONLY IN THE
EVENT OF MY BECOMING INCAPACITATED.

NOT AFFECTED BY MY DISABILITY OR INCAPACITY: This Power of Attorney shall not be affected or terminated by my subsequent disability or incapacity.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

In the event that the initial Agent is unable to serve for any reason whatsoever, the following individuals are nominated to serve in the order designated as alternate Agent(s):

MARILYN WRIGHT
LARRY BLANKENSHIP

I revoke any prior Durable Power of Attorney for Asset Management.

I agree that any third party who receives a copy of this document may act under it. Revocation of the Power of Attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

Signed this 27th day of AUGUST, 19 99.

Rebecca Christene Blankenship
Signature

Social Security Number: 544-20-2888

State of CALIFORNIA, County of SUTTER

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

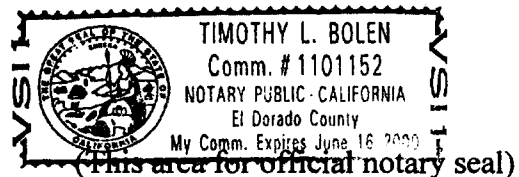
CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA)
)ss.
COUNTY OF SUTTER)

On 8-27-99 before me TIMOTHY L. BOLEN,
personally appeared CHRISTENE BLANKENSHIP,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal:

Timothy L. Bolen
Signature



E:RVWDPAAM.CA: 5/96

State of Oregon, County of Klamath
Recorded 04/03/00, at 11:34 a. m.
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Linda Smith,
County Clerk Fee \$ 31.00