

mtc 53475-KR

The Powers You Grant Below Continue to be Effective Should you Become Disabled or Incompetent

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(Caution: This is an important document. It gives the person whom you designate (your "agent") broad powers to handle your property during your lifetime which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of Power of Attorney. This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy to do this. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.)

This is intended to constitute a Durable General Power of Attorney pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, GINA MARIE MCCUISTON
5838 VALLEY VIEW LANE
KLAMATH FALLS, OR 97601
(insert your name and address)

do hereby appoint: LANCE PAUL MCCUISTON
5838 VALLEY VIEW LANE
KLAMATH FALLS, OR 97601
(If 1 person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you, insert their names and addresses above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, CHOOSE ONE of the following two choices by putting your initials in ONE of the blank spaces to the left of your choice:)

_____ Each agent may SEPARATELY act.

_____ All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER.)

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 as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

(Directions: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.

Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated.)

- (GM) (A) real estate transactions;
- (GM) (B) chattel and goods transactions;
- (GM) (C) bond, share and commodity transactions;
- (GM) (D) banking transactions;
- (GM) (E) business operating transactions;
- (GM) (F) insurance transactions;
- (GM) (G) estate transactions;
- (GM) (H) claims and litigation;
- (GM) (I) personal relationships and affairs;
- (GM) (J) benefits from military service;
- (GM) (K) records, reports and statements;
- (GM) (L) retirement benefit transactions;
- (GM) (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year;
- (GM) (N) tax matters;
- (GM) (O) all other matters;
- (GM) (P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;
- (GM) (Q) each of the above matters identified by the following letters:

This power attorney authorizes my agent to
perform all and any real estate transactions required
for address : 19303 North Poe Valley Road
KLAMATH FALLS, OREGON 97603

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.
If every agent named above is unable or unwilling to serve, I appoint

(Insert name and address of successor)

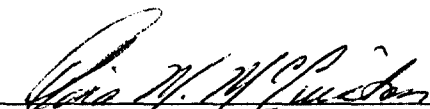
to be my agent for all purposes hereunder.

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.

This Durable General Power of Attorney may be revoked by me at any time.

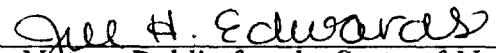
In Witness Whereof, I have hereunto signed my name this 13th day
of April, 19 2001

(You sign here:)--□


(Signature of Principal)

State of New York ss.
County of Fulton

On this 13th day of April, 2001, Nineteen
Hundred before me, the subscriber, personally appeared
Gina M. McCuiston
to me personally known, and known to me to be the same person described in and who
executed the foregoing Durable Power of Attorney, and
acknowledged to me that he executed the same.


Notary Public for the State of New York

JILL H. EDWARDS
Notary Public, State of New York
No. 01ED0033368
Qualified in Fulton County
Commission Expires 11-15-2001

State of Oregon, County of Klamath
Recorded 04/16/01, at 3:22pm.
In Vol. M01 Page 16147
Linda Smith,
County Clerk Fee\$ 26⁰⁰