Name

DURABLE POWER OF ATTORNEY

KNOW ALL MEN AND WOMEN BY THESE PRESENTS, that I, MARGARET E. BOFENKAMP of 2159 Hope Street, City of Klamath Falls, County of Klamath, State of Oregon, do hereby nominate, constitute, and appoint MARY JO BOFENKAMP of 3420 So. 5th Avenue, Minneapolis, State of Minnesota 55408, my true and lawful attorney in fact, for me and in my name, place, and stead, and for my use and benefit;

To ask, demand, sue for, recover, collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands whatsoever as are now or shall hereafter become due, owing, payable, or belonging to me and have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress, or otherwise, and to compromise and agree for the same and acquittances or

For me and in my name, to make, seal, and deliver, to bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditaments, and accept the possession of all lands, and all deeds and other assurances, in the law therefor, and to leave, let, demise, bargain, sell remise, release, convey, mortgage, and hypothecate lands, tenements,

and hereditaments upon such terms and conditions and under such covenants as she shall think fit;

Also to bargain and agree for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares, and merchandise, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatsoever nature and kind;

And also for me and in my name, and as my act and deed, to sign, seal, execute, deliver, and acknowledge such deeds, leases, mortgages, hypothecations, bottomries, charter parties, bills of lading, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgments and other debts, and such other instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises;

GIVING AND GRANTING unto my said attorney in fact full power and authority to do and perform every act necessary, requisite, or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or

This power of attorney shall become effective upon the incapacity of the principal and upon receipt of a letter from my physician so stating.

	presents shall come may assume that this power of attorney revocation or my death.
IN WITNESS WHEREOF, I have hereunto signed m	ny name this <u>39</u> day of <u>October</u> 199 <u>9</u> .
STATE OF OREGON, County of Klamath) ss.	Margaret & Bosenhamp Margaret & Bosenhamp
This instrument was acknowledged before me on OFFICIAL SEAL BARBARA KOSTA NOTARY PUBLIC-OREGON COMMISSION NO. 050346 MY COMMISSION EXPIRES FEB 2, 2000	October 29, 1999, by Margaret E.
(SEAL)	Notary Public for Oregon My Commission Expires 2 - 2 - 2000
DURABLE POWER OF ATTORNEY Margaret E. Bofenkamp	AFTER RECORDING, RETURN Margaret E. Bofemkamp
то	2159 Hope Street Klamath Falls, OR 97603
Mary Jo Bofenkamp	
STATE OF OREGON, County of	ss. State of Oregon, County of Klamath
l Certify that the within instrument was received for recordat o'clockM., and recorded in both page, or as fee/file/instrument/pricrofilsaid County.	
Witness my hand and seal of County affixed.	

Deputy

Title