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MTC 563371-TA

# Durable Power of Attorney

of

**Richard L. Aaron**

State of Oregon, County of Klamath  
Recorded 03/13/2002 2:11 p. m.  
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Linda Smith, County Clerk  
Fee \$ 36.00 # of Pgs 4

**KNOW ALL MEN BY THESE PRESENTS** that I, **RICHARD L. AARON**, of 413 W. Park Drive, Lot #1, Lennox,, South Dakota 57039, do hereby make, constitute and appoint **LOYANNE HEIBULT**, of 45884 - 275<sup>th</sup> St., Parker, South Dakota 57053-5706, to serve as my true and lawful attorney-in-fact with full power and authority to do and perform for me and in my name, place and stead the following:

1. To manage my affairs, handle my investments, arrange for the investment, reinvestment and disposition of funds, exercise all rights with respect to my investments, accept remittances of income and disburse the same, including authority to open bank accounts in my name and to endorse checks for deposit therein or in any bank where I may at any time have money on deposit and sign checks covering withdrawals therefrom.
2. To endorse and deliver certificates for transfer of bonds or other securities to be sold for my account and receive the proceeds of such sale.
3. To sign, execute, acknowledge and deliver on my behalf any deed of transfer or conveyance covering personal property or real estate wherever situated, any discharge or release of mortgage held by me on real estate or any other instrument in writing.
4. To hold securities in bearer form or in the name of a nominee or nominees.
5. To borrow money from time to time in my name, and to give promissory notes or other obligations therefor, and to deposit as collateral, pledge as security for the payment thereof or mortgage any or all of my securities or other property of whatever nature.
6. To have access to any and all safe deposit boxes of which I am now or may become possessed, and to remove therefrom any securities, papers or other articles.
7. To make all tax returns and pay all taxes required by law, including federal and state returns, and to receive confidential information and to perform any and all acts that the principal can perform with respect to all tax matters before any office of the Internal Revenue Service including the power to receive refund checks and the power to sign returns, claims and any related forms together with all powers contemplated pursuant to IRS Form 2848.
8. To demand, collect, sue for, receive and receipt for any money, debts, or property of any

kind, now or hereafter payable, due or deliverable to me, to pay or contest claims against me, to settle claims by compromise, arbitration or otherwise and to release claims.

9. To employ as investment counsel, custodians, brokers, accountants, appraisers, attorneys-at-law or other agents such persons, firms or organizations, including any of my said attorneys and any firm of which any of my said attorneys may be a member or employee, as deemed necessary or desirable, and to pay such persons, firms or organizations such compensation as is deemed reasonable and to determine whether or not to act upon the advice of any such agent without liability for acting or failing to act thereon.

10. To expend or distribute income or principal of my estate for my support, care or the benefit of myself including the payment of such things as rent, taxes, medical expenses, church and other charitable contributions, insurance premiums, food supplies and groceries, miscellaneous contributions, clothing, organizational dues and travel and specifically including the making of gifts to take advantage of the annual exclusion available under the United States Gift Tax law as same may be amended from time to time.

11. To renounce and disclaim any interest passing to me by testate or intestate succession or by inter vivos transfer; and

12. To exercise my rights to elect options and change beneficiaries under insurance and annuity policies and to surrender the policies for their cash value.

13. As to decisions related to my health care, I hereby grant to my attorney-in-fact, within the limitations specified in paragraph 14, the following powers:

- A. To authorize or withhold authorization for medical and surgical procedures;
- B. To authorize my admission to a medical, nursing residential or similar facility and to enter into agreements for my care;
- C. To arrange for my discharge, transfer from, or change in type of care provided;
- D. To arrange for consultation, diagnosis or assessment as may be required for my proper care and treatment; and
- E. To authorize participation in medical, nursing and social research, consistent with the limitations hereinafter specified and such ethical guidelines as may appropriately govern such research.

14. My instructions to my attorney-in-fact, with respect to decisions to withhold or withdraw life-sustaining treatment, are as follows:

- A. If I am in a coma which my doctors have reasonably concluded is irreversible or have an incurable or terminal condition without reasonable hope of long term survival, then I desire that life-sustaining or prolonging treatments not be used;

- B. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, then I desire that life-sustaining or prolonging treatments not be used;
- C. If I have permanently lost my ability to choose for myself, and my life is relegated to a supportive care condition without reasonable chance of return to independence then I desire life-sustaining or prolonging treatments not be used;
- D. Life sustaining or prolonging treatment could mean cardiac resuscitative efforts, artificial respiration, artificial means of nutrition, feeding, hydration and antibiotics;
- E. I desire that cardiopulmonary resuscitation (CPR) be used only when there is a good chance that the use of such a procedure shall result in a full recovery; I direct that a respirator or any like throat tube to assist me in breathing be used only when there is a good chance of full recovery with the reasonable prospect that the respirator will be removed within a reasonable amount of time; and I direct that a nasogastric tube (NG tube) or any like or similar device used for providing food or nutrition may be withheld or withdrawn if I do not have a reasonable chance for a full recovery;
- F. Allow me to enter into decision making as much as possible and choose as I would have chosen if I had my full faculties; and
- G. Allow me to be home as long as possible but transfer me to a nursing home or skilled care facility if I become a burden.

I direct that my attorney-in-fact convey these instructions to any physicians, nurses, caregiving organizations, including, but not limited to, hospitals, nursing homes, mental institutions, boarding facilities and others which may carry some responsibility for my care.

In the event the said LOYANNE HEIBULT is unable or unwilling to continue acting hereunder, in that event, I appoint **PEGGY STRUCK** of 27223 - 467<sup>th</sup> Ave., Tea, South Dakota 57064, to serve individually as my true and lawful attorney-in-fact with full power and authority to do and perform for me and in my name, place and stead, the powers set forth above.

This Durable Power of Attorney shall revoke all previous powers of attorney; shall become effective immediately except for health care decisions which shall become effective when my attending physician has determined in good faith that I do not have decisional capacity; shall not be affected by my disability as contemplated in SDCL 59-7-2.1 through 2.7 inclusive; shall continue in effect through any period of full disability or incapacity that prohibits me from understanding and transacting activities mentioned in this Durable Power of Attorney; and shall be binding on me and my heirs, executors and administrators and remain in force up to the time of a written revocation signed by me.

My agent is authorized to make photocopies of this instrument as frequently and in such quantity as my agent shall deem appropriate. All photocopies shall have the same force and effect as any original.

*In Witness Whereof*, I have hereunto set my hand and seal on this 24<sup>th</sup> day of May, 1999.

Richard L. Aaron  
RICHARD L. AARON

STATE OF SOUTH DAKOTA     )  
                                          : SS  
COUNTY OF LINCOLN         )

On this 24<sup>th</sup> day of May, 1999, before me, the undersigned officer, personally appeared RICHARD L. AARON, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

*In Witness Whereof*, I hereunto set my hand and official seal.



Vance S. Myrabo  
Notary Public - South Dakota  
My Commission Expires: 1-25-2000

The undersigned acknowledges and accepts appointment as Agent under this instrument.

Loyanne Heibult  
(Signature of Agent)

LOYANNE HEIBULT  
Name of Agent