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State of Oregon, County of Klamath  
Recorded 07/24/2002 8:42 a m.  
Vol M02, Pg 41726-28  
Linda Smith, County Clerk  
Fee \$ 3/00 # of Pgs 3

POWER OF ATTORNEY

New Mexico Statutory Short Form

I, DOUGLAS WALTERS DAVIES, reside in Curry County, New Mexico. I appoint Robin J. Gray

to serve as my attorney(s)-in-fact.

If any attorney-in-fact appointed above is unable to serve, then I appoint \_\_\_\_\_ to serve as successor attorney-in-fact in place of the person who is unable to serve.

This power of attorney shall not be affected by my incapacity but will terminate upon my death unless I have revoked it prior to my death. I intend by this power of attorney to avoid a court-supervised guardianship or conservatorship. Should my attempt be defeated, I ask that my agent be appointed as guardian or conservator of my person or estate.

CHECK AND INITIAL THE FOLLOWING PARAGRAPH ONLY IF YOU WANT YOUR ATTORNEY(S)-IN-FACT TO BE ABLE TO ACT ALONE AND INDEPENDENTLY OF EACH OTHER. IF YOU DO NOT CHECK AND INITIAL THE FOLLOWING PARAGRAPH AND MORE THAN ONE PERSON IS NAMED TO ACT ON YOUR BEHALF, THEN THEY MUST ACT JOINTLY.

( ) If more than one person is appointed to serve as my attorneys-in-fact, then they may act severally, alone and independently of each other.  
Initials \_\_\_\_\_

My attorney(s)-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law.

INITIAL IN THE OPPOSITE BOX EACH AUTHORIZATION WHICH YOU DESIRE TO GIVE TO YOUR ATTORNEY(S)-IN-FACT. YOUR ATTORNEY(S)-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES WHICH ARE INITIALED.

1. real estate transactions;.....( )
2. stocks and bonds, share and commodity transactions; ( )
3. chattel and goods transactions;.....( )
4. banking transactions;.....( )

5. business operating transactions;.....( )
6. insurance transactions;.....( )
7. estate transactions;.....( )
8. claims and litigation;.....( )
9. government benefits;.....( )
10. records, reports and statements;.....( )
11. state and federal tax transactions, including any transactions with the Internal Revenue Service;.....( )
12. decisions regarding lifesaving and life prolonging medical treatment;.....( )
13. decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, institutionalization in a nursing home or other facility and home health care.....( )
14. transfer of property or income as a gift to the principal's spouse for the purposes of qualifying the principal for governmental medical assistance;.....( )
15. list other matters;.....( )
- \_\_\_\_\_ ( )
- \_\_\_\_\_ ( )
- \_\_\_\_\_ ( )
16. all of the above powers, including financial and health care decisions;..... (RWT)✓ ( )
- \_\_\_\_\_ ( )
- \_\_\_\_\_ ( )
- \_\_\_\_\_ ( )

Specifically identified real estate or stocks and bonds for which my attorney-in-fact is authorized to act follow. If nothing is listed, then the attorney-in-fact is authorized to act with respect to any real estate or stocks and bonds and other securities that I own. A copy of this power of attorney must be recorded in the office of the county clerk where the real estate is located.

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

CHECK AND INITIAL THE FOLLOWING PARAGRAPH IF YOU INTEND FOR THIS POWER OF ATTORNEY TO BECOME EFFECTIVE ONLY IF YOU BECOME INCAPACITATED. YOUR FAILURE TO DO SO WILL MEAN THAT YOUR ATTORNEY(S)-IN-FACT ARE EMPOWERED TO ACT ON YOUR BEHALF FROM THE TIME YOU SIGN THIS DOCUMENT UNTIL YOUR DEATH UNLESS YOU REVOKE THE POWER BEFORE YOUR DEATH.

( ) This power of attorney shall become effective only if I become incapacitated. My attorney(s)-in-fact shall be entitled to rely on notarized statements from two qualified health care professionals as to my incapacity. By incapacity I mean that among other things, I am unable to effectively manage my personal care, property or financial affairs.

initials \_\_\_\_\_

Douglas Walter Davies  
DOUGLAS WALTER DAVIES

Dated: May July 12, 2000.

#### ACKNOWLEDGEMENT

STATE OF NEW MEXICO )  
 ) ss.  
COUNTY OF CURRY )

THE foregoing instrument was acknowledged before this  
12 day of May July, 2000, by DOUGLAS WALTER  
DAVIES.

My Commission Expires:

8-22-2003; and

Mon. B. B.  
Notary Public

THIS AFFIDAVIT IS FOR THE USE OF YOUR ATTORNEY(S)-IN-FACT  
IF EVER YOUR ATTORNEY(S)-IN-FACT ACTS ON YOUR BEHALF  
UNDER YOUR WRITTEN POWER OF ATTORNEY.