K58942 DURABLE POWER OF ATTORNEY

- I, BERNICE M. HALSTEAD, of Medford, Oregon, appoint CECIL HALSTEAD my Agent and attorney-in-fact ("my Agent"), with power and authority to:
- 1. <u>Support</u>. Make expenditures for my health, education, support, maintenance, and general welfare.
- 2. <u>Managing and Disposing of Assets</u>. Take possession of, retain, change the form of, manage, maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of any of my real or personal property or any interest in property, in any manner and on any terms my Agent considers to be in my best interests.
- 3. <u>Checks and Notes</u>. Receive, endorse, sign, sell, discount, deliver, and deposit checks, drafts, notes, and negotiable or nonnegotiable instruments, including any drawn on the Treasury of the United States or the state of Oregon or any other state or governmental entity.
- 4. <u>Financial Institutions</u>. Enter into any transaction with and contract for any services rendered by a financial institution, including continuing, modifying, or terminating existing accounts; opening new accounts; drawing, endorsing, or depositing checks, drafts, and other negotiable instruments; acquiring and transferring certificates of deposit; withdrawing funds deposited in my name alone or in my name and the name of any other person or persons; and providing or receiving financial statements. "Financial institutions" means banks, trust companies, savings banks, commercial banks, savings and loan associations, credit unions, loan companies, thrift institutions, mutual fund companies, investment advisors, brokerage firms, and other similar institutions.
- 5. <u>Investments and Securities Transactions</u>. Invest and reinvest in common or preferred stocks, bonds, mutual funds, common trust funds, money market accounts, secured and unsecured obligations, mortgages, and other real or personal property; engage in investment transactions.
- 6. <u>Insurance and Annuity Contracts</u>. Purchase, maintain, modify, renew, convert, exchange, borrow against, surrender, cancel, and collect or select payment options under any insurance or annuity contract. This power shall extend to any insurance I own on the life of my Agent. Any receipt, release, or other instrument executed by my Agent in connection with any insurance or annuity contract shall be binding and conclusive upon all persons.
- 7. <u>Business Interests</u>. Continue, participate in, sell, reorganize, or liquidate any business or other enterprise owned by me, either alone or with any other person or persons.

DURABLE POWER OF ATTORNEY - Page 1

State of Oregon, County of Klamath	ì
Recorded 10/08/2002 /0:54 & m.	
Vol M02, Pg 57434-38	
Linda Smith, County Clerk	
Fee \$ 4/100 # of Pgs _5	

- 8. <u>Voting</u>. Appear and vote for me in person or by proxy at any corporate or other meeting.
- 9. <u>Flower Bonds</u>. Purchase U.S. Treasury bonds redeemable at par in payment of federal estate tax, and borrow funds and pledge the bonds as collateral to make the purchase.
- 10. Retirement Plans. Establish, modify, contribute to, select payment options under, make elections under, receive payments from, make rollovers to, and take any other steps I might take with respect to IRA accounts and other retirement plans.
- 11. <u>Credit Cards</u>. Cancel or continue my credit cards and charge accounts, use my credit cards to make purchases, and sign charge slips on my behalf.
- 12. <u>Collections</u>. Demand and collect any money or property owed to me and give a receipt or discharge for the money or property collected.
 - 13. <u>Debts</u>. Pay my debts and other obligations.
- 14. <u>Litigation</u>. Sue upon, defend, compromise, or submit to arbitration any controversies in which I may be interested; and act in my name in connection with any complaint, proceeding, or suit.
- 15. <u>Borrowing</u>. Borrow in any manner and on any terms my Agent considers to be in my best interests including borrowing from my Agent's own funds, and give security for repayment.
- 16. <u>Lending</u>. Lend funds to any person, provided that the loan is adequately secured and bears a reasonable rate of interest.
- assessment; appear for and represent me, in person or by attorney, in all tax matters; execute any power of attorney forms required by the Internal Revenue Service, the Oregon Department of Revenue, or any other taxing authority; receive confidential information from any taxing authority; prepare, sign and file federal, state, and local tax returns and reports for all tax matters, including income, gift, estate, inheritance, generation-skipping, sales, business, FICA, payroll, and property tax matters; execute waivers, including waivers of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of a claim for credit or refund; execute consents, closing agreements, and other documents related to my tax liability; make any elections available under federal or state tax law; and delegate authority or substitute another representative with respect to all matters described in this paragraph.
- 18. <u>Government Benefits</u>. Perform any act necessary or desirable in order for me to qualify for and receive all types of government benefits, including Medicare, Medicaid, Social Security, veterans', and workers' compensation benefits.

- 19. <u>Disclaimer</u>. Disclaim any property, interest in property, or power to which I may be entitled; and take all steps required to make the disclaimer effective under state and federal laws, including Section 2518 of the Internal Revenue Code or any successor statute. In deciding whether to disclaim, my Agent shall consider the effect of disclaimer on taxes that may be payable, on qualification for government benefits, and on my existing estate plan.
- 20. <u>Elective Share Rights</u>. Exercise any right to claim an elective share in any estate or under any Will.
- 21. <u>Make Gifts and Establish Trusts</u>. Make gifts which qualify for the IRS Code annual exclusion. Establish revocable living trust(s) for any assets I own and for my benefit during my lifetime and for the benefit of my spouse and children as determined to be in the best interests of my estate by my Agent.
- 22. <u>Fiduciary Positions</u>. Resign from or renounce on my behalf fiduciary positions, including personal representative, trustee, conservator, guardian, attorney-in-fact, and officer or director of a corporation; and discharge me from further responsibility by filing accountings with a court or settling by formal or informal methods.
- 23. <u>Safe Deposit Box</u>. Have access to and make deposits to or withdrawals from any safe deposit box rented in my name alone or in my name and the name of any other person or persons.
 - 24. Mail. Redirect my mail.
- 25. <u>Custody of Documents</u>. Take custody of important documents, including any Will, trust agreements, deeds, life insurance policies, and contracts.
- 26. <u>Employees and Advisors</u>. Employ, compensate, and discharge attorneys, accountants, investment advisors, property managers, custodians, physicians, dentists, nurses, household help, and others to render services to me or for my benefit.
- 27. <u>Nomination of Guardian and Conservator</u>. To the extent permitted by state law, I nominate my Agent to act as my guardian and conservator if I become incapacitated. If my Agent is unable or unwilling to act as my guardian or conservator, I nominate CHERYL A. MAYFIELD to act as my guardian or conservator.
- 28. <u>Perform Other Acts to Carry Out the Powers Granted</u>. Execute and deliver any written instrument and perform any other act necessary or desirable to carry out any of the powers granted to my Agent or my Special Agent under this power of attorney, as fully as I might do personally. I ratify and confirm all acts performed by my Agent or my Special Agent pursuant to this power of attorney.
- 29. <u>Third Party Reliance</u>. Third parties who rely in good faith on the authority of my Agent or my Special Agent under this power of attorney shall not

be liable to me, to my estate, or to my heirs, successors, or assigns. Third parties without actual notice of revocation may conclusively rely on the continued validity of this power of attorney. If requested, my Agent or my Special Agent shall furnish, and a third party may conclusively rely on, an affidavit or certificate stating that (1) I was competent at the time this power of attorney was executed, (2) the power of attorney has not been revoked, (3) my Agent or my Special Agent continues to serve as attorney-in-fact under the power of attorney, and (4) my Agent or my Special Agent is acting within the scope of authority granted under the power of attorney. My Agent or my Special Agent may sue or pursue other action against any third party who refuses to honor this power of attorney after such an affidavit or certificate has been provided.

- Alternate Agents. If CECIL HALSTEAD is unable or unwilling to act 30. as my Agent, I appoint CHERYL ANN MAYFIELD as my Agent and attorney-infact. The term "my Agent" in this power of attorney shall include any alternate agent who is authorized to act under this paragraph.
- Durability. The powers granted to my Agent under this power of 31. attorney shall continue to be exercisable even though I have become disabled or incompetent.
- Governing Law. The validity and construction of this power of 32. attorney shall be determined under Oregon law.

I have signed this power of attorney this 21st day of June, 2001.

	Bernice 1 Halstead BERNICE M. HALSTEAD
STATE OF OREGON)) ss.
County of Jackson) 55.)
On this 21 st day of Je Halstead and acknowledge freely and voluntarily.	une, 2001, before me personally appeared Bernice Med to me that she executed this power of attorney

OFFICIAL SEAL

JUDY D. SHELDON NOTARY PUBLIC-OREGON COMMISSION NO. 309038 MY COMMISSION EXPIRES FEB. 02, 2002

111

111

111

111

DURABLE POWER OF ATTORNEY - Page 4

SIGNATURE OF AGENT

Agent acknowledges that the following is Agent's

signature: Lecil Hal

STATE OF OREGON

)) ss.

County of Jackson

Subscribed and sworn to before me this 21 day of

e , 2001

Notary Public for Oregoi

H:\USER\JD\$\WORK\LETTER\0016.001\DPOA.Bernice.6.14.01.wpd