

03 AUG 14 PM 1:46

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

KATHLEEN LLEWELLYN, ATTORNEY
Hawley & Llewellyn
P.O. BOX 805
Carmel, California 93921

Vol M03 Page **59185**

State of Oregon, County of Klamath
Recorded 08/14/2003 **11:46 A** m
Vol M03 Pg **59185-59189**
Linda Smith, County Clerk
Fee \$ **41.00** # of Pgs **5**

Aspen 57519

**POWER OF ATTORNEY
PRINCIPAL: CARLA MANTELLI
AGENT: SHIRLEY MANTELLI LADD
DATE OF EXECUTION: August 24, 2001**

**THIS DOCUMENT IS BEING RECORDED IN CONNECTION WITH THE TRANSFER OF REAL
PROPERTY BY AN AGENT UNDER A POWER OF ATTORNEY**

41A

When recorded, return to:

KATHLEEN LLEWELLYN
HAWLEY & LLEWELLYN
Attorneys at Law
San Carlos btwn 7th & 8th
Post Office Box 805
Carmel, California 93921

UNIFORM STATUTORY FORM POWER OF ATTORNEY
[California Probate Code §4401]

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, **CARLA MANTELLI**, a resident of Santa Clara County, California, appoint **SHIRLEY MANTELLI LADD** of Monterey County, California, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (O) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

1 INITIAL

- 2 _____ (A) Real property transactions.
 3 _____ (B) Tangible personal property transactions.
 4 _____ (C) Stock and bond transactions.
 5 _____ (D) Commodity and option transactions.
 6 _____ (E) Banking and other financial institution transactions.
 7 _____ (F) Business operating transactions.
 8 _____ (G) Insurance and annuity transactions.
 9 _____ (H) Estate, trust, and other beneficiary transactions.
 10 _____ (I) Claims and litigation.
 11 _____ (J) Personal and family maintenance.
 12 _____ (K) Benefits from social security, medicare, medicaid, or other
 governmental programs, or civil or military service.
 13 _____ (L) Retirement plan transactions.
 14 _____ (M) Tax matters.
 15 _____ (N) To revoke, amend, or withdraw funds from a revocable trust of
 which the principal is a Settlor.

16 C. M(O) ALL OF THE POWERS LISTED ABOVE.

17 [You need not initial any other lines if you initial Line O.]

18 My agent is hereby authorized in my agent's sole discretion to make
 19 gifts of my property to any one or more of my issue to the extent of my
 20 annual exclusion(s) for federal gift tax purposes and/or to the extent of
 21 my unused unified credit for federal gift and estate tax purposes so as
 22 to reduce the federal estate tax due with respect to my estate. Except
 23 as provided in the preceding sentence, nothing herein shall authorize
 24 my agent to change the beneficiary provisions of my estate planning.

25 My spouse and I have executed a trust known as the Henry & Carla Mantelli
 26 Trust dated July 19, 1978. A significant purpose of the trust is to transfer
 27 property to for the benefit of my family in a manner that reduces adverse tax
 28 consequences. Because it is not possible to be certain what tax laws will
 apply at any particular time in the future, I authorize the attorney-in-fact to
 exercise any power I have to revoke or amend that trust (including any trust
 to be established in the future under the provisions of that trust), alone or
 with my spouse. These powers may be exercised only for the purpose of
 accomplishing actions that a reasonable person would take to accomplish the
 overall objectives of the trust without avoidable adverse tax consequences.

SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

**THIS POWER OF ATTORNEY SHALL BECOME EFFECTIVE IMMEDIATELY
CONTINUE IN FULL FORCE AND EFFECT THROUGHOUT MY INCAPACITY.**

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

DESIGNATION OF ALTERNATE AGENT

If for any reason SHIRLEY MANTELLI LADD is unwilling or unable to continue to serve as agent, the following person shall instead serve:

NAME: MICHAEL MANTELLI
ADDRESS: 1772 Carriage Drive
Gilroy, CA 95020
TELEPHONE: 408.848.2216

In such case, one of the following documents shall be attached to this durable power of attorney: a resignation or declination to serve signed by the original agent or successor agent; a written and signed opinion from a licensed physician that the original agent or successor agent is physically or mentally incapable of serving; a certified court order as to the incapacity, inability or termination of authority of the original agent or successor agent to serve; or a certified death certificate of the original agent or successor agent. Third parties who deal with the successor agents shall be entitled to rely on the original power of attorney instrument with any such document attached.

**EXERCISE OF POWER OF ATTORNEY WHERE MORE
THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act **SEPARATELY/JOINTLY.**

IF YOU APPOINT MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE

WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 24th day of August, 2001.

Carla Mantelli

CARLA MANTELLI

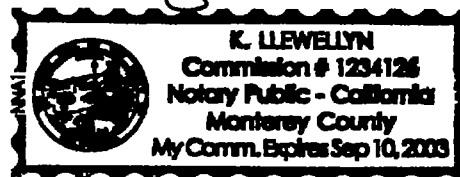
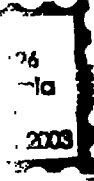
Social Security Number:

548-66-8081

State of California
County of Monterey

On August 24, 2001, before me, KATHLEEN LLEWELLYN, a Notary Public, personally appeared CARLA MANTELLI, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.