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POWER OF ATTORNEY

OF

Lawrence Leahy

State of Oregon, County of Klamath
Recorded 03/09/2004 10:37 A m
Vol M04 Pg 13517-20
Linda Smith, County Clerk
Fee \$ 36⁰⁰ # of Pgs 4

I, Lawrence Leahy, of Waldport, Oregon, hereby appoint my attorney Scott Sorensen-Jolink as my attorney-in-fact (hereinafter referred to as "my attorney") to act for me and on my behalf in the event of my absence according to the following terms, powers, and authorities.

1. General Grant of Power in the Event of My Absence.

In the event of my absence my attorney shall have full power to act for me and in my name in all matters and to do all things relating to my divorce and all things arising out of the divorce proceedings including, without limitation, my outstanding loan from Oregon Pacific Banking Company and matters relating thereto (including dealings with Amerititle of Waldport, Oregon), which I could do if personally present.

2. Specific Powers. The general grant of power shall include, but not be limited to, the following powers:

A. Medical Care. To arrange for my medical, surgical, hospital, nursing and convalescent care and treatment, including consent to treatment and application for insurance and other benefit payments related thereto. My said attorney shall have the authority to give binding directions to any health or medical care provider concerning the type and extent of medical treatment that should be given or withheld from me in the event that I am comatose,

incompetent or medically disabled.

B. Collection. To demand, forgive, sue for recover, collect, settle, extend or compromise any debt or claim payable to me with respect to money, notes, checks, deposits, certificates of deposit, tax and other refunds, securities, dividends, interest, rents, annuities, insurance proceeds, pensions, profit sharing payments, retirement benefits, Social Security payments, Medicare and Medicaid payments, inheritances, trust benefits, documents of title and all other property (real or personal) and obligations in which at any time I have any interest.

C. Payment. To pay, compromise, renew or settle any debt, claim or liability due from me.

D. Banking. To sign, endorse, receive, guarantee and stop payment on checks, drafts, notes, and other instruments for the payment of money; to open or close accounts; to deposit and withdraw money, purchase and redeem savings bonds, certificates of deposit and other time deposits, whether held solely or jointly, in banks savings and loan associations and other institutions, and to sign promissory notes, trust deed notes, and other evidences of indebtedness obligating me to repay loans and mortgages.

E. Purchase and Sale. To purchase, acquire, lease, exchange, sell and transfer any property, real or personal, tangible or intangible, including, specifically, any automobile registered in my name.

F. Tax Matters. To prepare, sign and file, or receive copies of any income tax returns, receipts, refund claims; to represent me and to hire counsel to represent me before any government agency or court.

G. Agents. To hire and dismiss agents, with the same or more limited powers, to act for my attorney.

H. Receipts. To execute all instruments in connection with the above granted powers or for the protection of parties dealing with my attorney, including receipts, releases, discharges and indemnifications.

3. Disability and Preference of Guardian and Conservator. This power of attorney shall only be effective until my subsequent disability or incompetence. I request and direct that any court having jurisdiction over my person and/or over my estate appoint my sister, Mary Leahy Farnan as the guardian of my person and/or as the conservator of my estate if anyone petitions the court for appointment of same.

4. Governing Law. The law of Oregon shall govern this instrument.

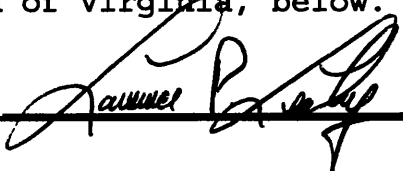
5. Ratification. I authorize any person or institution presented this power of attorney to honor it without inquiry and to give effect to all documents signed by my attorney on my behalf. My attorney's representation that he is acting according to this instrument shall fully protect anyone dealing with my attorney. I hereby, for

myself, my heirs, executors and administrators, ratify and confirm whatever my attorney may do under this instrument.

6. Identification. Anyone dealing with my attorney-in-fact is authorized to do so upon being presented with any identification that is acceptable to it, such as a driver's license, passport, or other commonly accepted identification.

I have signed this instrument on this 18th day of January, 2003.

Notary Public for Commonwealth of Virginia, below.



County of Fairfax _____

State of Virginia _____

Lawrence P. Leahy appeared before me on

January 18, 2003, at 7205 Commerce St. Spr. VA 22150

NOTARY SIGNATURE Peggy I. Venable

NOTARY EXPIRES 12-31-06

NOTARY SEAL :