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LF205-04 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCU-MENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCU-MENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

of 5005 O' Conhoi Rd Clen a Royan of 5005 O' CON NOI MA the undersigned Grantor, do hereby make and grant a general power of attorney to College Royer

or 5005 O' Connor Rd Klamath Falk Or and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

(A) Real estate transactions(B) Tangible personal property transactions (C) Bond, share and commodity transactions

(D) Banking transactions

(E) Business operating transactions

(F) Insurance transactions

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, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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.			TOUT
and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken. TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRI PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BI INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OF KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARIST AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT. Signed under seal this 2 day of Mat. 2004. Signed in the presence of: Witness Attorney-in-Fact/Agent Attorney	Cial Cont Cont Cont Cont Cont Cont Cont Cont	 (If trust distributions are involved or tax consequences are anticiented.) (H) Claims and litigation (I) Personal relationships and affairs (J) Benefits from military service (K) Records, reports and statements (L) Full and unqualified authority to my attorney-in-fact/agent to foregoing powers to any person or persons whom my attorney-in (M) Access to safe deposit box(es) (N) To authorize medical and surgical procedures (Pennsylvania only (O) All other matters Durable Provision: (P) If the blank space in the block to the left is initiated by the Granshall not be affected by the subsequent disability or incompeted. 	delegate any or all of the a-fact/agent shall select
Witness Witness Attorney-in-Fact/Agent State of County of Flamout! On Witness On Triand 2 a, 8004 before me, Olin A. Royan , appeared , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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.	and perform in discretion deem TO INDUCE AN PARTY RECEIV ACT HEREUNI INEFFECTIVE KNOWLEDGE COUCH THIRD IN REPRESENTATI ANY SUCH THIS AGAINST SUCH PROVISIONS OF	in said fiduciary capacity consistent with my best interests a ems advisable, and I affirm and ratify all acts so undertaken. ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGRIVING A DULY EXECUTED COPY OR FACSIMILE OF THINDER, AND THAT REVOCATION OR TERMINATION E AS TO SUCH THIRD PARTY UNLESS AND UNTIL A E OF SUCH REVOCATION OR TERMINATION SHALL HAVE DEPARTY. AND I FOR MYSELF AND FOR MY HEIRS, ATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND PARTY FROM AND AGAINST ANY AND ALL CLAIM CH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAY OF THIS INSTRUMENT.	REE THAT ANY THIRD IS INSTRUMENT MAY HEREOF SHALL BE ACTUAL NOTICE OR E BEEN RECEIVED BY EXECUTORS, LEGAL ND HOLD HARMLESS MS THAT MAY ARISE VING RELIED ON THE
Witness State of Organic County of Hamout On Wasser as a soft before me. Olin A. Royan , appeared , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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.			•
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