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POWER OF ATTORNEY

State of Oregon, County of Klamath
Recorded 03/29/2004 11:58 A m
Vol M04 Pg 17285-17286
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

KNOW ALL MEN BY THESE PRESENT that I, Irene A. Crowe,
of the City/County of Salem Roanoke, State of Virginia, do hereby make, constitute, and
appoint Elizabeth N. Crowe, of the City/County of Roanoke,
State of Virginia, my true and lawful attorney in fact, with the following powers
for me and in my name and on my behalf:

1. To sell, either at public or private sale, lease for such periods of time, or exchange any part or parts of my real estate or personal property for such consideration and upon such terms as my attorney shall think fit, and to execute and deliver same, with such covenants of warranty or otherwise as my attorney shall see fit, and to give good and effectual receipts for all or any part of the purchase price or other consideration.
2. To deposit in my name and for my account with any bank, trust company, savings and loan association, or other financial institution; all monies payable or belonging to me or that my come to said attorney's hands, as such attorney, and all bills of exchange, drafts, checks belonging to me, and for that purpose to sign my name and endorse same for deposit collection.
3. To withdraw any and all monies deposited with any bank, trust company, savings and loan associations, or other financial institution now or hereafter having monies belonging to me and for that purpose to draw checks in my name.
4. To have free access to safe deposit boxes and other places of safekeeping and storage, and to withdraw any or all of the property thereby.
5. To do, generally, any or all acts on my behalf or any other matters or things pertaining or belonging to me with the same validity as I might act or could do if personally present.
6. To exercise all powers and do all acts on my behalf deemed by my said attorney to be incidental to, or necessary or proper to carry into full effect, the foregoing powers, hereby ratifying and confirming all that my said attorney can lawfully do or cause to be done by virtue hereof.
7. To authorize any medical or surgical treatment whatsoever at any time or the termination of any medical treatment.

I.A.C. (This provision shall be valid only if initialed by the grantor to these powers.)

I. A. C. Crowe
(Initials for verification)

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8. In addition to the powers set out above, and the powers now or hereafter conferred by law, my attorney shall have all of the powers enumerated in Section 64.1-57 of the Code of Virginia of 1950, as amended to date, which are incorporated herein by reference thereto.

In accordance with Section 11-9.1 of the Code of Virginia of 1950, as amended to date, this power of attorney shall not terminate on disability of the principal, but shall continue and be exercisable by the attorney in fact on behalf of the principal notwithstanding any subsequent disability, incompetencé, or incapacity of the principal.

WITNESS the following signature and seal this 10th day of August,
19 2001

Jane A. Linn (SEAL)

STATE OF VIRGINIA

CITY/COUNTY OF Roanoke

The foregoing instrument was acknowledged before me this 10th day of
August, 19 2001, by _____

Sandra R. Hooge
Notary Public

My commission expires:

3/31/03