

MT-1394-6114

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State of Oregon, County of Klamath
Recorded 07/19/2004 11:01 m
Vol M04 Pg 46976-77
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

POWER OF ATTORNEY

I John T. Johnson residing at 9128 St Andrews Circle Klamath Falls, OR 97603 do hereby appoint Jeanne M Johnson as my Attorney-in-Fact.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include but not be limited to the power to:

1. Open, maintain or close bank accounts, brokerage accounts, and other similar account with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or dwbt owed to me, or to settle any claim whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Sell, convey, lease, mortgage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

My agent shall not be liable from loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

AMERITITLE has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

Return to: Twin County Credit Union
PO Box 748
Olympia, WA 98507

Att: Jeff Kennedy

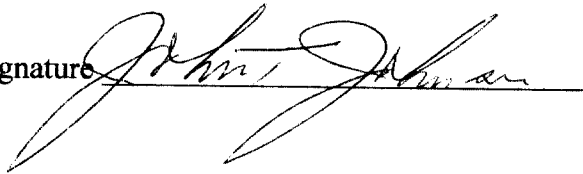
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This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated July 13, 2004

John T. Johnson

Signature



Acknowledgement:

STATE OF ALASKA

First Judicial District

The forgoing instrument was acknowledged before me this 13th day of July 2004,

By MARY M. ALMY

Signature


my commission expires 03-20-2007