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State of Oregon, County of Klamath
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Linda Smith, County Clerk
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UNIFORM STATUTORY FORM POWER OF ATTORNEY
(California Probate Code Section 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, DAVID P. MASTAGNI
3827 Marshall Avenue, Carmichael, CA 95608

(your name and address)

appoint

KATHLEEN R. MASTAGNI

(name and address of the person appointed, or of each person appointed if you want to designate more than one)

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 (N) 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.

Initial:

- | | | |
|-----------|-----|---|
| <u>DM</u> | (A) | Real property transactions. |
| <u>DM</u> | (B) | Tangible personal property transactions. |
| <u>DM</u> | (C) | Stock and bond transactions. |
| <u>DM</u> | (D) | Commodity and option transactions. |
| <u>DM</u> | (E) | Banking and other financial institution transactions. |
| <u>DM</u> | (F) | Business operation transactions. |
| <u>DM</u> | (G) | Insurance and annuity transactions. |
| <u>DM</u> | (H) | Estate, trust, and other beneficiary transactions. |
| <u>DM</u> | (I) | Claims and litigation. |
| <u>DM</u> | (J) | Personal and family maintenance. |
| <u>DM</u> | (K) | Benefits from social security, medicare, medicaid, or other |

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RE: Property Sales

(L) Governmental programs, or civil or military service.
 (M) Retirement plan transactions.
 (N) Tax matters.
 ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).
SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS
LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.
This Uniform Statutory Form Power of Attorney shall be effective immediately. All provisions of the Durable General Power of Attorney also executed by me on this date are incorporated herein by this reference. Any and all conflicts or inconsistencies in the language of this Uniform Statutory Form Power of Attorney and the said Durable General Power of Attorney are to be resolved by giving preference to the provisions contained in the said Durable General Power of Attorney.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS
EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

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

EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act N/A.

IF YOU APPOINTED 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 actually 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 8th day of June, 2005.

