

APN: R-3510-026C0-00600-000  
Recording Requested by:  
Smile4u, Inc  
PO Box 888  
Lynden, WA 98264  
Mail Tax Statements to above

State of Oregon, County of Klamath  
Recorded 06/30/05 8:37a m  
Vol M05 Pg 49582-85  
Linda Smith, County Clerk  
Fee \$ 36.00 # of Pgs 4

## STATUTORY WARRANTY DEED

For and in consideration paid, the undersigned, **Edith Proctor**, hereinafter referred to as Grantor, hereby conveys all rights and warrants the title in the following described real estate to **Smile4u, Inc., a Washington Corporation**, hereinafter referred to as Grantee, legally described as:

***LEGAL DESCRIPTION: Lot 13, Block 39 First Addition to Klamath Forest Estates***

Situate in the County of **Klamath** in the state of **Oregon**

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, easements, or encumbrances. The Grantor makes no representation about the suitability of the real estate for a particular purpose or the conditions therein. The Grantee has had an opportunity for due diligence and is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurisdiction finds any provision, clause, or section of this document to be illegal, invalid, or unenforceable as to any circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, or unenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be considered modified so that it shall become legal, valid, and enforceable. If the offending provision, clause, or section cannot be so modified, it shall be considered deleted from this document. Unless otherwise required by law, the illegality, invalidity, or unenforceability of any provision, clause, or section this document shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this document.

This executory contract represents the final agreement between the parties and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements of the Parties. There are no unwritten oral agreements between the Parties.

### JURISDICTION AND VENUE

If litigation is necessary to enforce this agreement, the jurisdiction shall be a court of proper jurisdiction in Whatcom County pursuant to the laws of Washington in force on the date of signing. The prevailing party shall be entitled to all legal costs, including but not limited to; court costs, attorney's fees, service fees, filing fees and all other costs associated with litigation.

### APPLICABLE LAW

This Agreement and the rights and obligations of the parties hereunder shall be governed by and interpreted, construed and enforced in accordance with the laws of the State of Washington (regardless of the choice of law principles of Washington or of any other jurisdiction).

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Dated this 17 day of June, 2005.  
X Edith Proctor by Jack Proctor, POA  
Edith Proctor by Jack Proctor, POA

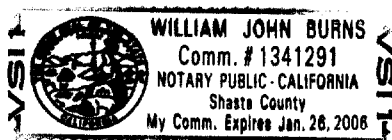
STATE OF CALIFORNIA

County of Shasta } ss.

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Jack Proctor is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be of free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 17 day of June, 2005.



William John Burns  
Notary Signature

Print Name William John Burns  
Notary Public in and for the State of California  
My appointment expires: 1-26-06

**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.**

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I, **Edith Proctor, Applewood Inn, Redding, CA 96003, 530-226-5211**, appoint **Errol M. Proctor, P.O.Box 70632, Shasta Lake, CA 96079, 530-275-0705**, and **Jack Proctor, 1153 Partridge, Redding, CA 96003, 530-222-0634**, as my agents (attorneys-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**

- \_\_\_ (A) Real property transactions
- \_\_\_ (B) Tangible personal property transactions
- \_\_\_ (C) Stock and bond transactions
- \_\_\_ (D) Commodity and option transactions
- \_\_\_ (E) Banking and other financial institution transactions
- \_\_\_ (F) Business operating transactions
- \_\_\_ (G) Insurance and annuity transactions
- \_\_\_ (H) Estate, trust and other beneficiary transactions
- \_\_\_ (I) Claims and litigation
- \_\_\_ (J) Personal and family maintenance
- \_\_\_ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service
- \_\_\_ (L) Retirement plan transactions
- \_\_\_ (M) Tax matters
- ☒ (N) ALL OF THE POWERS LISTED ABOVE.

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

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## SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

*The agents named in Paragraph 1 shall serve in the order named. If Errol M. Proctor ceases to act for any reason or is unable to act as my agent then Jack Proctor shall act as my agent in his place.*

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

This Power of Attorney shall continue to be effective even though I become incapacitated.

STRIKE THE PRECEEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU HAVE 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 separately.

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 actual 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 20 day of August, 2002.

Edith Proctor  
Edith Proctor

545-320897  
Social Security Number

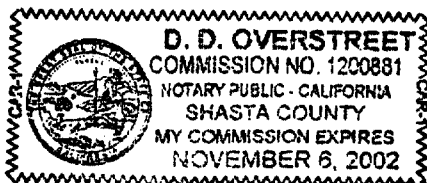
BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

## CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF California  
COUNTY OF Shasta

On 8/20/02, before me, D.D. Overstreet, personally appeared **Edith Proctor**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to and sworn to the within instrument and acknowledged to me that she executed the same in her authorized capacity and that by her signature on the instrument, the person or the entity upon the behalf of which the person acted, executed the instrument.

Witness my hand and official seal.



D.D. Overstreet  
Notary public