

2006-019204
Klamath County, Oregon



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Fee: \$26.00

GENERAL POWER OF ATTORNEY

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. The powers will not exist after you become disabled, or incapacitated. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs.

I, ROSE M. DAVIS, of 2210 TOWN CENTER DRIVE, City of KLAMATH FALLS, State of OREGON, do hereby appoint MICHAEL OR CAROL DAVIS of 11611 RAMIREZ ROAD, City of KLAMATH FALLS, State of OREGON, my attorney-in-fact to 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:

- ☐ (a) real estate transactions;
- ☒ (b) chattel and goods transactions;
- ☒ (c) bond, share and commodity transactions;
- ☒ (d) banking transactions;
- ☒ (e) business operating transactions;
- ☒ (f) insurance transactions;
- ☐ (g) estate transactions;
- ☐ (h) claims and litigation;
- ☒ (i) personal relationships and affairs;
- ☐ (j) benefits from military service;
- ☒ (k) records, reports and statements;
- ☒ (l) retirement benefit transactions;
- ☐ (m) making gifts to my spouse, children and more remote descendants, and parents;
- ☒ (n) tax matters;
- ☒ (o) all other matters;
- ☐ (p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select;
- ☐ (q) each of the above matters identified by the following letters:
- ☐ (r) the following specific powers:

If the attorney-in-fact named above is unable or unwilling to serve, I appoint CAROL OF MICHAEL DAVIS, of 11611 RAMIREZ Rd., City of KLAMATH FALLS, State of Oregon, to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This Power of Attorney may be revoked by me at any time.

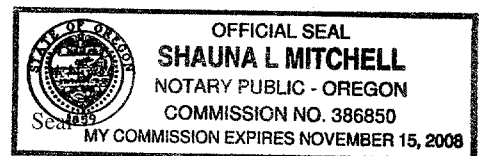
Dated: 9/22/06

[Signature]
Signature of Grantor (Person appointing Attorney-in-Fact)

State of Oregon County of Klamath
On 9.22.06, the Grantor, Michael or Carol Davis came before me personally and, under oath, stated that he/she is the person described in the above document and he/she signed the above document in my presence.

[Signature]
Notary Signature

Notary Public,
In and for the County of Klamath State of Oregon
My commission expires: 11.15.08



I accept my appointment as Attorney-in-Fact.

[Signature]
Signature of Attorney-in-Fact
Michael E. Davis

CAROL Ann DAVIS
Name of Attorney-in-Fact
Michael L. E. Davis