

2008-001829

Klamath County, Oregon



00040007200800018290060066

02/13/2008 08:27:17 AM

Fee: \$46.00

REVOCATION OF POWER OF ATTORNEY

KNOW BY ALL MEN BY THESE PRESENTS, That whereas Barbara L. Garren by Letter, Warrant or Powers of Attorney, bearing the dates of May 31, 2002, and November 13, 2007, respectively, did make, constitute and appoint Cathleen Ann Garren aka Cathleen Ann Darrah as her true and lawful Attorney for the purposes and with the powers therein set forth. A copy of the Powers of Attorney are attached hereto as Exhibit "A".

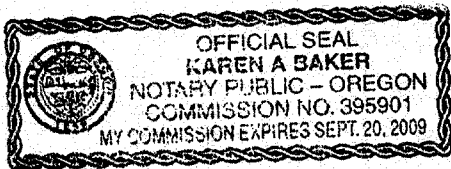
NOW, THEREFORE, the undersigned, for good cause by these presents revokes, and makes void that Letter, Warrant or Powers of Attorney, and all power and authority thereby given.

Dated Jan. 30, 2008, 2008.

Barbara L. Garren
Barbara L. Garren

STATE OF OREGON)
County of Klamath } ss.

This instrument was acknowledged before me on JAN. 30,
2008 by Barbara L. Garren.



Karen A. Baker
Notary public for Oregon
My commission expires: 9-20-09

Revocation of
Power of Attorney
Barbara L. Garren
P.O. Box 1449
Klamath Falls, OR 97601
TO

Cathleen Ann Garren aka
Cathleen Ann Darrah

STATE OF OREGON,
County of _____} ss.

I certify that the within
instrument was received for
record on the _____ day of
_____, 20____, at
_____ o'clock ____ M., and re-
corded in book/reel/volume
No. _____ on page _____ and/
or as fee/file/instrument/
microfilm/reception No. ____.
Record of
of said County.

By c/p Brandness, Brandness + Seidl NAME TITLE
Deputy

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, BARBARA L. GARREN
of 5611 Shasta Way Klamath Falls, Oregon
the undersigned Grantor, do hereby make and grant a general power of attorney to CATHLEEN A. GARREN
of P.O. Box 384 Wright Wyoming
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall 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:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[<u>BLG</u>]	(A) Real estate transactions
[<u>BLG</u>]	(B) Tangible personal property transactions
[<u>BLG</u>]	(C) Bond, share and commodity transactions
[<u>BLG</u>]	(D) Banking transactions
[<u>BLG</u>]	(E) Business operating transactions
[<u>BLG</u>]	(F) Insurance transactions
[<u>BLG</u>]	(G) Gifts to charities and individuals other than Attorney-in-Fact/Agent

(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

- [BLY] (H) Claims and litigation
 - [BLY] (I) Personal relationships and affairs
 - [BLY] (J) ~~Benefits from military service~~
 - [BLY] (K) Records, reports and statements
 - [BLY] (L) Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
 - [BLY] (M) Access to safe deposit box(es)
 - [BLY] (N) ~~To authorize medical and surgical procedures (Pennsylvania only)~~
 - [BLY] (O) All other matters
 - [BLY] Durable Provision:
 - (P) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
- Other Terms:

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

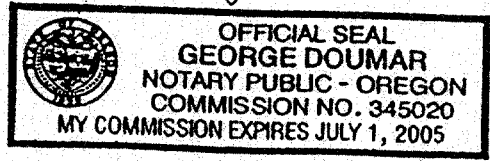
Signed under seal this 31st day of May, 2002

Signed in the presence of:

Witness _____
 Witness _____
 Grantor Barbara L. Garren
 Attorney-in-Fact/Agent George Doumar

State of Oregon }
 County of Klamath }
 On May 31, 2002 before me, George Doumar, appeared
 Barbara L. Garren, personally known
 to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
 Signature George Doumar



Affiant _____ Known _____ Produced ID _____
 Type of ID _____ (Seal)

EXHIBIT A
 Page 2 of 5

General Power of Attorney

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, BARBARA L. GARREN
of PO Box 1449 Klamath Falls, OR 97601 5611 Shasta Way Klamath Falls 97603
the undersigned Grantor (hereinafter Principal), do hereby make and grant a general power of attorney to Cathleen Ann Darrach
of 2028 Ida Gray Dr. Lead SD 57754
and do thereupon constitute and appoint said individual as my Attorney-in-Fact/Agent.

If my Agent is unable to serve for any reason, I designate Jennifer M. Schwind
of Box 1449, Klamath Falls, OR 97601, as my successor Agent.

My Attorney-in-Fact/Agent shall act in my name, place and stead in any way that 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:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of each box below with respect to each of the subdivisions (A) through (N) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | | |
|-------|-----|---|
| [BLH] | (A) | Real estate transactions |
| [BLH] | (B) | Tangible personal property transactions |
| [BLH] | (C) | Bond, share and commodity transactions |
| [BLH] | (D) | Banking transactions |
| [BLH] | (E) | Business operating transactions |
| [BLH] | (F) | Insurance transactions |
| [BLH] | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| [BLH] | (H) | Claims and litigation |
| [BLH] | (I) | Personal relationships and affairs |
| [BLH] | (J) | Benefits from military service |

- BLY | (K) Records, reports and statements
 BLY | (L) Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
 BLY | (M) Access to safe deposit box(es)
 BLY | (N) All other matters

Durable Provision:

- BLY | (O) If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.

Other Terms: _____

My Attorney-in-Fact/Agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 13th day of November, 20 07.

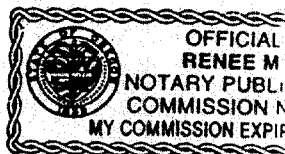
Signed in the presence of:

Wendy G. Redlin
Witness

Shannon Joy
Witness

Barbara L. Warren
Grantor (Principal)

Patricia D. Smith
Attorney-in-Fact/Agent





State of Oregon
County of Lincoln

On November 3, 2007, before me, Barbara L. Davis,
appeared Barbara L. Davis & Patrick Davis, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Barbara L. Davis
Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____
(Seal)

EXHIBIT 7
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