

2009-008270

Klamath County, Oregon



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06/15/2009 10:37:07 AM

Fee: \$41.00

**DURABLE GENERAL POWER OF ATTORNEY  
FOR ASSET MANAGEMENT**

**OVERVIEW OF PERTINENT INFORMATION**

**AGENT APPOINTED FOR LEROY E. VAUGHAN**

I. Initial Attorney-in-Fact: DANIEL L. VAUGHAN

II. Alternate Agent(s):

If above Agent is unable or refuses to serve for any reason whatsoever, the below named individuals are nominated to serve as alternate agents, as specified in the document:

GUY W. VAUGHAN

When recorded mail to:

LEROY E. VAUGHAN  
6015 NORTH 63RD AVENUE  
GLENDALE, AZ 85301

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**DURABLE GENERAL POWER OF ATTORNEY  
of LEROY E. VAUGHAN**

**NOTICE:** THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING, 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.

**TO THE AGENT:** AN AGENT SHALL USE THE PRINCIPAL'S MONEY, PROPERTY OR OTHER ASSETS ONLY IN THE PRINCIPAL'S BEST INTEREST AND THE AGENT SHALL NOT USE THE PRINCIPAL'S MONEY, PROPERTY OR OTHER ASSETS FOR THE AGENT'S BENEFIT. AN AGENT WHO VIOLATES THIS DUTY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I, LEROY E. VAUGHAN, residing at 6015 NORTH 63RD AVENUE, GLENDALE, AZ 85301, and my social security number being 544 36 0012, appoint DANIEL L. VAUGHAN as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects.

If this agent, or any successor agent, named by me dies, becomes legally disabled, resigns or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

GUY W. VAUGHAN

(1) TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS. (2) TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:

- LSV (A) real property transactions;  
LSV (B) tangible personal property transactions;  
LSV (C) stock and bond transactions;  
LSV (D) commodity and option transactions;  
LSV (E) banking and other financial institution transactions;

- LSV (F) business operating transactions;  
LSV (G) insurance and annuity transactions;  
LSV (H) estate, trust and other beneficiary transactions;  
LSV (I) claims and litigation;  
LSV (J) personal and family maintenance;  
LSV (K) benefits from social security, Medicare, Medicaid or other governmental programs or civil or military service;  
LSV (L) retirement plan transactions;  
LSV (M) tax matters;  
LSV (N) ALL OF THE POWERS LISTED IN (A) THROUGH (M). 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 BY INITIALING ONE OR BOTH OF THE FOLLOWING.

LSV My attorney may begin or continue a gift program for the benefit of any of my children or grandchildren or to continue a gift program (or fulfill a pledge) to charitable organizations, by transferring either directly or indirectly to one or more of these donees such cash, stocks, bonds, securities, or other property and interest in property (consisting of any property, real, personal, or mixed of whatsoever kind, wheresoever located and whensoever acquired) as and when my attorney may think proper and in such amounts consistent with my prior gifts, my current estate, the tax benefits (estate, gift, and/or income) of any such gifts, and the donee's respective needs.

My attorney may convey and transfer all or any part of my property (real, personal, and mixed) to the Trustee(s) of the THE LEROY E. VAUGHAN TRUST, to be held by said Trustee(s) in accordance with terms and conditions of said Trust; and to execute any and all instruments of conveyance, to make any endorsements and acknowledgements that may be necessary to convey and transfer said property, and to do anything else that might reasonably do in order to transfer all or any part thereof to said Trust.

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

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN

- (A) ~~This power of attorney is not affected by my subsequent disability or incapacity.~~  
(B) This power of attorney becomes effective upon my disability or incapacity.

Disability or incapacity must be evidenced by either a court order holding the party to be incapacitated or written certification acknowledged by two licensed physicians stating that the party has become disabled or incapacitated.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED. IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

UNDER ARIZONA LAW, THE USE OF THIS POWER OF ATTORNEY FOR ANY PURPOSE WHICH IS NOT IN THE PRINCIPAL'S BEST INTEREST OR IS FOR THE AGENT'S BENEFIT, INCLUDING CONTRACTED FOR COMMISSIONS, FEES OR OTHER COMPENSATION MUST BE SPECIFICALLY IDENTIFIED IN DETAIL WITHIN THIS INSTRUMENT OR A WRITTEN CONTRACT SIGNED BY THE PRINCIPAL THAT IS SPECIFICALLY IDENTIFIED BY THIS INSTRUMENT AND BE SEPARATELY INITIALED BY THE PRINCIPAL AND THE WITNESS AT THE TIME OF EXECUTION.

I authorize the reimbursement of expenses for my agent(s).

Initials: LSU Principal PS. Witness

I authorize the payment of fees as follows, for my agent (s),

\_\_\_\_\_  
\_\_\_\_\_  
(write in NONE if no fees are to be allowed.)

Initials: \_\_\_\_\_ Principal \_\_\_\_\_ Witness

I nominate DANIEL L. VAUGHAN as my guardian and GUY W. VAUGHAN as an alternate guardian and DANIEL L. VAUGHAN as my conservator and GUY W. VAUGHAN as an alternate conservator in the event that protective proceedings are initiated.

I hereby revoke all previous Powers of Attorney executed by me. I agree that any third party who receives a copy of this document may act under it. Revocation of the Durable General Power of Attorney is not effective as to the third party until the third party receives actual notice 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.

I, LEROY E. VAUGHAN, THE PRINCIPAL, SIGN MY NAME TO THIS POWER OF ATTORNEY THIS 17 DAY OF FE, 00, AND BEING FIRST DULY SWORN, DO DECLARE TO THE UNDERSIGNED AUTHORITY THAT I SIGN IT WILLINGLY, OR WILLINGLY DIRECT ANOTHER TO SIGN FOR ME, THAT I EXECUTE IT AS MY FREE AND VOLUNTARY ACT FOR THE PURPOSES EXPRESSED IN THE POWER OF ATTORNEY AND THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, OF SOUND MIND AND UNDER NO CONSTRAINT OR UNDUE INFLUENCE.

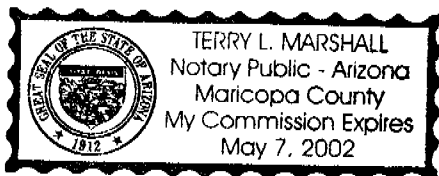
Executed this 15 day of FE, 00.

Leroy E. Vaughan  
LEROY E. VAUGHAN

I, Linda J. Sweat, THE WITNESS, SIGN MY NAME TO THE FOREGOING POWER OF ATTORNEY BEING FIRST DULY SWORN AND DO DECLARE TO THE UNDERSIGNED AUTHORITY THAT THE PRINCIPAL SIGNS AND EXECUTES THIS INSTRUMENT AS HIS/HER POWER OF ATTORNEY AND THAT HE/SHE SIGNS IT WILLINGLY, OR WILLINGLY DIRECTS ANOTHER TO SIGN FOR HIM/HER, AND THAT I, IN THE PRESENCE AND HEARING OF THE PRINCIPAL, SIGN THIS POWER OF ATTORNEY AS WITNESS TO THE PRINCIPAL'S SIGNING AND THAT TO THE BEST OF MY KNOWLEDGE THE PRINCIPAL IS EIGHTEEN YEARS OF AGE OR OLDER, OF SOUND MIND AND UNDER NO CONSTRAINT OR UNDUE INFLUENCE. I AM NOT NAMED HEREIN AS AN AGENT, OR SUCCESSOR AGENT, OF THE PRINCIPAL, NOR AM I THE SPOUSE OR CHILD OF ANY AGENT, OR SUCCESSOR AGENT, NAMED HEREIN, NOR AM I SERVING AS THE NOTARY PUBLIC IN THE EXECUTION OF THIS DOCUMENT.

Linda J. Sweat  
WITNESS

Subscribed, sworn to and acknowledged before me by LEROY E. VAUGHAN and Linda J. Sweat, an independent witness, this 17FE day of FE, 00.



SIGNED:

Terry L. Marshall  
Notary Public