ES NO PART OF ANY STEVENS-NES	S FORM MAY BE R	2009-009624 Klamath County, Oregon	1
POWER OF ATTORNEY			
LELAND STOEHSLER 2130 ELDORADO BLVD., APT 126 KLAMATH FALLS, OR 97601 NICOLE REED 5052 SWALLOW CT. KLAMATH FALLS, OR 97601 After recording, return to (Name, Address, ZIP):	SPACE RES FOR RECORDEF	07/15/2009 02:41:20 PM	Fee: \$21.00
		by	· r
KNOW ALL BY THESE PRESENTS that I,	LELAND	STDEHSLER	
have made, constituted and appointed, and by these pres	sents do hereby r	nake, constitute and appoint X	ICOLE REED
ditions and with such covenants as my attorney shall think fit; to sell, t receive payment therefor, and to vote any such stock as my proxy; to be with goods, wares and merchandise, choses in action, and other prope whatsoever nature or kind; for me and in my name and as my act and ments, trust agreements, mortgages, pledges, hypothecations, bills of judgments and other debts payable to me and other instruments in write to be for my best interests; to have access to any safe deposit box whis sell, discount, endorse, deliver and/or deposit all checks, drafts, notes a with any bank, by check or otherwise, and generally to do any business and pay taxes thereon or collect refunds therefrom; also	bargain for, buy, sell, erty in possession or I deed, to sign, scal, a lading, bills, bonds, a titing of whatever kin ich has been rented i and negotiable instrur	mortgage, hypothecate and in any and e in action, and to make, do and transact execute, acknowledge and deliver all deenotes, evidences of debt, receipts, release do and nature which my attorney in his/h n my name, or in the name of myself an ments payable to my order; to withdraw a	very way and manner deal in and all and every kind of business of sids, covenants, indentures, agree- ies and satisfactions of mortgages, er absolute discretion shall deem d any other person or persons; to any moneys deposited in my name
GIVING AND GRANTING unto my attorney the full power sary to be done in and about the premises, as fully to all intents and p cation, hereby ratifying and confirming all that my attorney shall lawfu change in the status of my mental competency, or its deterioration, above the effectiveness and validity of this instrument. This power shall take effect (delete inapplicable phrase): (a) on the date next written below; (b) on the date I am adjudged incompetent by a confirming the phrase is deleted, this power shall take effect on the My attorney and all persons unto whom these presents shall either of such revocation or of my death. In construing this instrument, and where the context so required in the present of the	ourposes as I might oully do or cause to be sence, or failure, who ourt of proper jurisdice to date next written be come may assume the singular incling hand on	r could do if personally present, with ful- done by virtue of these presents, and spe- ether temporary or permanent, shall not a tion. elow. hat this power of attorney has not been under the plural.	l power of substitution and revo- cifically acknowledging that any ffect, diminish, or make null and
STATE OF OREGON, Count This instrument was a byPATC	ty ofK	lamath ss.	, 2.009,
OFFICIAL SEAL PATRICIA MAGNUS NOTARY PUBLIC-OREGON COMMISSION NO 426577 MY COMMISSION EXPIRES MARCH 04, 2012	•	Public for Oregon mmission expires 3/4/2	2012

PUBLISHER'S NOTE: Use of this form in connection with real estate may subject the user to real estate licensing requirements. To avoid the need to comply with those requirements: 1) record this form in the county or counties where the real estate is located; 2) specify the address(es) of the property to be managed, controlled, and/or sold; and 3) state that the agent, in dealing with the real property, may not receive any compensation that would require the agent to be licensed under ORS 696 or other applicable law.

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