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2013-007802
Klamath County, Oregon
07/10/2013 01:44:57 PM
Fee: \$42.00

Power of Attorney

NOTICE: The powers granted by the following document are broad and sweeping. They are explained in this part. If you have 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.

I, Herman O. Esperson (insert
your name and address) appoint Catherine Ann Russell (insert
the name and address of the person appointed) as my agent (attorney-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

NOE (A) real property transactions;

NOE (B) tangible personal property transactions;

NOE (C) stock and bond transactions;

NOE (D) commodity and option transactions;

NOE (E) banking and other financial institution transactions;

NOE (F) business operating transactions;

NOE (G) insurance and annuity transactions;

NOE (H) estate, trust, and other beneficiary transactions;

NOE (I) claims and litigation;

NOE (J) personal and family maintenance;

NOE (K) benefits from social security, Medicare, Medicaid, or other governmental programs or
from military service;

NOE (L) retirement plan transactions;

F.
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For purposes of this subsection, a person is considered to be incompetent if and while: (1) the person is a minor; (2) the person is an adjudicated incompetent or disabled person; (3) a conservator has been appointed to act for the person; (4) a guardian has been appointed to act for the person; or (5) the person is unable to give prompt and intelligent consideration to business matters as certified by a licensed physician.

I agree that any third party who receives a copy of this document may act under it. I may revoke this power of attorney by a written document that expressly indicates my intent to revoke. Revocation of the power of attorney is not effective as to a third party until the third party learns 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.

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

Signed this 31 day of August, 2012

Catherine C. Russell

(witness)

[Signature]

(witness)

Herman Epperson

(Your signature)

505-24-4294

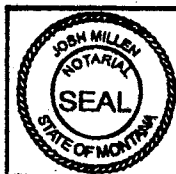
(Your Soc. Sec. #)

STATE OF MONTANA)

County of Lewis & Clark) ss.

On this day 31 of August, 2012, before me, a Notary Public for the State of Montana, personally appeared Herman Epperson, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 31 day of August, 2012



JOSH MILLEN
NOTARY PUBLIC for the
State of Montana
Residing at Helena, Montana
My Commission Expires
June 03, 2016

[Signature]
Notary Public for the State of Montana

Residing at Helena

My Commission expires June 3, 2016