POWER OF ATTORNEY

DESIREE M. WATSON 4845 CLINTON AVE

KLAMATH FALLS, OREGON 97603.

1625 N. FAIRWAY DRIVE WASHINGTON CITY UTAH 84780.

2014-010623

Klamath County, Oregon



10/10/2014 02:49:41 PM

Fee: \$42.00

SPACE RESERVED FOR RECORDER'S USE

After recording, return to (Name and Address):

DIXIE L KINGHAM.

I, DESIREE M. WATSON

hereby appoint DIXIE L. KINGHAM. as my true and lawful attorney in fact ("my attorney"), to act in my name and for my support and benefit as set forth herein: to borrow, lend, give or accept security as my true and lawful attorney in fact ("my attorney"), to act in my name and for my support and benefit as set forth herein: to borrow, lend, give or accept security for, demand, sue for, recover, collect and receive any sums of money, debts, rent, dues, accounts, legacies, bequests, interest, dividends, annuities and demands what-soever, as are now or shall hereafter become due, owing, payable or belonging to me; to use all lawful means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, or sell real or personal property of any nature, to take possession thereof and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate such real or personal property, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my attorney shall think fit; to purchase any securities, and to sell, transfer and deliver all or any securities owned by me or in my name for any price and receive payment therefor, and to vote any such securities as my proxy; to make, do and transact all and every kind of business of what-soever nature or kind; for me and in my name and as my act and deed to sign seal execute, acknowledge and deliver all deeds covenants indentures agreements. soever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to or by me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests; to establish, modify, or revoke trusts; to establish, modify, cancel, select payment options under, and to manage any retirement plans, annuities and insurance contracts on my behalf; to have access to any safe deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order; to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also

I hereby give to my attorney full power and authority to do each and every act and thing whatsoever, as fully as I might or could do if personally present, so long as all such acts are in my interest, for my support and benefit, and are consistent with my estate plan; I hereby ratify and confirm all that my attorney shall lawfully do or cause to be done by virtue hereof, and any change in the status of my mental competency, or its deterioration, absence, or failure, whether temporary or permanent, shall not affect, diminish, or make null and void the effectiveness and validity of this instrument.

This power shall take effect (check one):

on the date I sign it.

□ on the date I become "financially incapable" as defined by ORS 125.005.

on the date I am adjudged incompetent by a court of proper jurisdiction.

(describe circumstance) ____

If no box is checked, this power shall take effect on the date I sign it.

My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until my attorney has received actual notice either of such revocation or of my death.

STATE OF OREGON, County of

59399999999 OFFICIAL SEAL SUSAN M. COSTIC NOTARY PUBLIC-OREGON COMMISSION NO. 923402 MY COMMISSION EXPIRES JANUARY 01, 2018

Notary Public for Oregon. My commission expires ∠ 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.