

RECORDING REQUESTED BY:

MULLEN & HENZELL
112 East Victoria Street
Post Office Drawer 789
Santa Barbara, CA 93102

AND WHEN RECORDED, MAIL TO:

GUSSIE/SKUPSKY
c/o Mullen & Henzell
112 East Victoria Street
Post Office Drawer 789
Santa Barbara, CA 93102

Mr. Roberts
1650 Mackland
Minden, NV 89423

UNIFORM STATUTORY FORM POWER OF ATTORNEY
(California Civil Code §2475)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). 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.

1. NAMES OF PRINCIPAL AND AGENT.

I, GUSSIE SKUPSKY, residing at 301 San Roque Road, Santa Barbara, California 93105, appoint MORRIS SKUPSKY, residing at 301 San Roque Road, Santa Barbara, California 93105, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects. If he is unable to act, or ceases acting, as my agent, I appoint SARA MAE LAFRANCE, residing at 3961 Frankie Lane, Lafayette, California 94549, as such agent. If she is unable to act, or ceases acting, as my agent, I appoint ARTHUR ROBERTS, residing at 5660 Lake Shore Drive #412, Shreveport, Louisiana 71119, as such agent.

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2. POWERS GRANTED TO AGENT.

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

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (G) Insurance and annuity transactions.
- _____ (H) Estate, trust, and other beneficiary transactions.
- _____ (I) Claims and litigation.
- _____ (J) Personal and family maintenance.
- _____ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- _____ (L) Retirement plan transactions.
- _____ (M) Tax Matters.
- G. S. (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

3. SPECIAL INSTRUCTIONS.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

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

4. POWER IS A DURABLE POWER.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

5. MULTIPLE AGENTS.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act separately.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

6. COPY SUFFICIENT; REVOCATION.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge 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.

Signed this 7 day of January, 1995

Gussie Skupsky
GUSSIE SKUPSKY

 2059 B
(social security number)

State of California, County of Santa Barbara

CERTIFICATE OF ACKNOWLEDGMENT OF
NOTARY PUBLIC

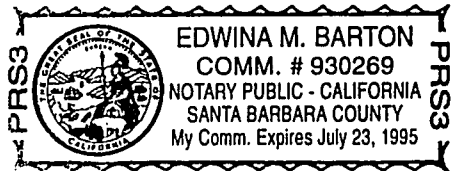
STATE OF CALIFORNIA

COUNTY OF SANTA BARBARA

On January 17, 1995, before me, the undersigned Notary Public, personally appeared GUSSIE SKUPSKY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Edwina M. Barton



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

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

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LINDA SLATER
RECORDER
\$ 11.00 PAID LS DEPUTY