UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Sec. 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SEC. 4400-4465). 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 DECISIONSW FOR YOU. YOU MAY REVOCE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, MAJORIE S	MITH KOLSTAD,	appoint WILLIA	M KAARBOE I	COLSTAD , as my	agent
(attorney-in-fact	t) to act for me in any	lawful way with r	espect to the follow	ving initialed subje	ects:

(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. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N). INITIAL							
A) Real property transactions H) Estate, trust and other beneficiary transactions							
B) Tangible personal property transactions I) Claims and litigation.							
C) Stock and bond transactions J) Personal and family maintenance. D) Commodity and options transactions L) Retirement plan transactions.							
F) Business operating transaction M) Tax matters.							
G) Insurance and annuity transactions.							
K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service. N) ALL OF THE POWERS LISTED ABOVE.							
SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL							
INSTRUCTION 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.							
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.							
EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED:							
If I have designated more than one agent, the agents are to act 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," ALL YOUR AGENTS MUST ACT OR SIGN TOGHETHER.							
I agree that any third party who received 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 25th day of July, 2001 552 202357							
Signature of MAJORIE KOLSTAD Social Security Number							
BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT							
STATE of CALIFORNIA, COUNTY of FRESNO} SS.							
On July 25 th , 2001, before me, Wanda Lespade, personally appeared Majorie Smith Kolstad, personally known to me (or proved to be on the basis of satisfactory evidence) to be the personally known to me (or proved to be on the basis of satisfactory evidence) to be the personally known to me (or proved to be on the basis of satisfactory evidence) to be the personally known to me (or proved to be on the basis of satisfactory evidence) to be the personally known to me (or proved to be on the basis of satisfactory evidence) to be the personally known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known to me (or proved to be on the basis of satisfactory evidence) to be the personal known t							

WITNESS my hand and official seal.

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(official notarial seal)

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