

DURABLE POWER OF ATTORNEY OF
GLADYS A BLEHM

1. Designation of Attorney-in-Fact. I GLADYS A. BLEHM domiciled and residing in the State of Nevada, hereby designate my son Terry Lee Schilling as my attorney-in-fact.

2. Powers of Attorney-in-Fact. My attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over my estate, whether situated within or without the State of Nevada, and my liabilities, wherever incurred. This power shall include, as a reference only and without limitation, to make deposits, withdrawals and/or payments, by bank draft, check or otherwise, upon funds that I may have deposited with any financial institution, and to borrow or lend money, secured or unsecured, on my behalf. The power shall include authority to purchase, convey, mortgage, lease and take any action with respect to any real estate. In the event I become disabled or incompetent, my attorney-in-fact shall have all powers as are necessary or desirable to provide for my support, maintenance and health, and to provide informed consent to health care as provided by law; to consent to medical and surgical care including non-treatment and withholding or withdrawing treatment if my attorney-in-fact believes, in his/her own judgment, that is what I would want if I could make the decision myself; to consent to my admission to a medical, nursing, residential, or similar facility; and to enter into agreements for my care, including hiring and discharging physicians. By my signature below, I intend to create a Durable Power of Attorney for Healthcare and I expressly direct that my attorney-in-fact the power to transfer any and all of my property to my descendants as permitted by law for the purpose of qualifying me for medical assistance or the limited casualty program for the medically needy; and to act on my behalf with, prepare and sign tax returns and receive tax refunds and payments from, the IRS and other taxing authorities. My attorney-in-fact is also authorized to disclaim any or all of the assets which I might be entitled to as a beneficiary. I hereby nominate my attorney-in-fact as the guardian of my estate and person in the event a guardianship is established.

3. Effectiveness. This power of attorney shall become effective in the event I become disabled or incompetent. Disability shall include the inability to manage my property and affairs effectively for reasons such as mental illness, or deficiency, physical illness or disability, advanced age, chronic use of drugs, confinement, detention by a foreign power of disappearance. Disability may be evidenced by the written statement of a qualified attending physician or by another competent person with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a court having proper jurisdiction.

4. Duration. This power of attorney, once effective, shall remain in effect until revoked or terminated by my written censorship, notwithstanding any uncertainty as to whether I am dead or alive. This power of attorney shall not be affected by my disability.

5. Termination. This power of attorney may be terminated in the following manner.

5.1 Revocation. This power of attorney may be revoked in writing by giving written notice to the attorney-in-fact, or if applicable, the alternate attorney-in-fact.

6. Accounting. The attorney-in-fact shall be required to account to any subsequently appointed personal representative of mine.

7. Indemnity. My estate shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith.

8. Applicable Law. The laws of the State of Nevada, as now or hereafter in effect, shall govern this power of attorney. It is my intent that this document be effective in all jurisdictions. Any provisions of this document that may conflict with the laws of the jurisdiction where I am located shall be stricken and all other provisions shall remain in full force and effect.

Dated this 8th day of July, 1998.

Glady A. Blahum
Glady A. Blahum

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STATE OF NEVADA)
) SS.
COUNTY OF EUREKA)

I certify that I know or have satisfactory evidence
That Gladys A. Blehm signed this Durable Power of Attorney
And acknowledged it to be her free and voluntary act
For the uses and purposes mentioned in the instrument

DATED this 8th day of July, 1998

NOTARY PUBLIC in and for the State

Of Nevada, residing at Eureka

MARYJO CASTANEDA

Notary Public - State of Nevada

Appointment Recorded in Eureka County

No: 97-2687-8 - Expires May 21, 2001



My Appointment Expires _____

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Gladys Blehm
98 JUL 8 PM 3: 25

EUREKA COUNTY NEVADA
M.N. REBALCATTI, RECORDER
FILE NO. FEES 9.00

170242

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