POWER OF ATTORNEY FILED NO. 5027

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	KNOW ALL MEN BY THESE PRESENTS THAT I, ROY W. 10 PH 2: 51
	of the County of Tulsa, State of Oblanding LLE UTSLER MADISON COUNTY. 10WA
	do hereby constitute and appoint Alle Nagen aka Sollie A. Mage,
	of the County of, State of, State of, my true and lawful attorney, for me and in my name to make, execute, accept and deliver any contract or other document in
	regard to the purchase or refinance of a certain piece of real estate known as
MCA	AND LEGALLY DESCRIBED AS PARCEL "P'property address) IN THE SOUTHEAST QUARTER (1) OF THE NORTHEAST QUARTER (2) OF SECTION SEVENTEEN (17) IN TOWNSHIP SEVENTY-FIVE (15) NORTH, RANGE TWENTY-SIX AND CONDITIONS AND CONTROL OF THE STEP PROPERTY OF THE STATE AND CONTROL OF THE
	For Department of Veterans Affairs Loans Only:
	Purchase Price: Loan Amount:
	Term of Loan: years Amount of VA Entitlement to be Used: If purchasing the aforementioned property, I confirm that said property will be occupied by me as my home upon my return to the area within a reasonable period of time, and/or by my immediate family during my absence.
	I further hereby make, constitute and appoint my aforesaid attorney-in-fact to make, endorse, receive, sign, seal, execute, acknowledge, accept and deliver deeds, deeds of trust, mortgages, notes, checks, receipts, releases, disclosure statements, rights of rescission, settlement statements and such other instruments or closing documents in writing of whatever kind and nature as may be necessary for the aforesaid premises. Further, this Power of Attorney and the authority herein granted to my aforesaid attorney-in-fact shall not terminate upon my disability, incompetence or incapacity; provided, however, that I hereby reserve the right to revoke, suspend or terminate all or any part of the Power and authority of my aforesaid attorney-in-fact, but no such act of revocation, suspension or termination or death shall affect any third person dealing with my aforesaid attorney-in-fact, except from date of communication of such notice of revocation, suspension or termination or notice of such death to such third persons; and the right which I herein reserve to revoke, suspend, or terminate all or any part of the powers and authority of my aforesaid attorney-in-fact shall inure to and be exercisable by any guardian or committee who may hereafter be appointed for me.
	WITNESS my/our hand(s) and seal(s) this 5th day of 4, 1999.
	Roy W. Yones STATE OF OKlahama: SS.
ı	COUNTY OF TUSA:
	I, Debbie L. Guard, a Notary Public in and for said
;	State and County, do hereby certify that
1	IN WITNESS THEREOF, I have hereunto set my hand and affixed my seal on this
	RECORDED My Commission Expires: 2.10.2003

Multi-State Power of Attorney (1193) Columbia National, Inc.

06-190 (11/93)