

FOLLOWING:

(xx) Each agent may exercise the powers conferred separately without the consent of any other agent.

ORAL HISTORY
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Recording Dist: 309 - Homer
1/8/2008 11:37 AM Pages: 1 of 4



DONALD E. RONDA
STATUTORY
GENERAL POWER OF ATTORNEY
(DURABLE)

THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR AGENTS IN THE FOLLOWING DOCUMENT ARE VERY BROAD. THEY MAY INCLUDE THE POWER TO DISPOSE, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY, AND THE POWER TO MAKE YOUR HEALTH CARE DECISIONS. ACCORDINGLY, THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT ADVICE.

YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

Pursuant to Alaska Statutes 13.26.332 - 13.26.356, I, DONALD E. RONDA, do hereby appoint J. ARLENE RONDA, of Homer, Alaska my attorney-in-fact to act as I have checked below in my name, place and stead in any way which I myself could do if I were personally present, with respect to the following matters, as each of them is defined in A.S. 13.26.344, to the full extent that I am permitted by law to act through an agent:

THE AGENT OR AGENTS YOU HAVE APPOINTED WILL HAVE ALL THE POWERS LISTED BELOW UNLESS YOU DRAW A LINE THROUGH A CATEGORY AND INITIAL THE BOX OPPOSITE THAT CATEGORY.

- (A) Real estate transactions.....()
- (B) Transactions involving tangible personal property, chattels and goods.....()
- (C) Bonds, shares and commodities transactions..()
- (D) Banking transactions.....()
- (E) Business operating transactions.....()
- (F) Insurance transactions.....()
- (G) Estate transactions.....()
- (H) Gift transactions.....()
- (I) Claims and litigation.....()
- (J) Personal relationships and affairs.....()
- (K) Benefits from government programs and military service.....()
- (L) Health care services.....()
- (M) Records, reports and statements.....()
- (N) Delegation.....()
- (O) All other matters, including those specified as follows.....()

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return to:
DONALD E. RONDA
PO Box 832, HOMER, AK 99603

IF YOU HAVE APPOINTED MORE THAN ONE AGENT, CHECK ONE OF THE FOLLOWING:

- Each agent may exercise the powers conferred separately without the consent of any other agent.
- All agents shall exercise the powers conferred jointly, with the consent of all other agents.

TO INDICATE WHEN THIS DOCUMENT SHALL BECOME EFFECTIVE, CHECK ONE OF THE FOLLOWING:

- This document shall become effective upon the date of my signature, and shall not otherwise be affected by my disability.
- This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability.

IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE ON THE DATE OF YOUR SIGNATURE, CHECK ONE OF THE FOLLOWING;

- This document shall not be affected by my subsequent disability.
- This document shall be revoked by my subsequent disability.

IF YOU HAVE INDICATED THIS DOCUMENT SHALL BECOME EFFECTIVE UPON THE DATE OF YOUR SIGNATURE AND WANT TO LIMIT THE TERM OF THIS DOCUMENT, COMPLETE THE FOLLOWING:

This document shall only continue in effect for years from the date of my signature.

IF YOU HAVE GIVEN THE AGENT AUTHORITY REGARDING HEALTH CARE SERVICES UNDER SUBDIVISION (L), COMPLETE THE FOLLOWING:

- I have executed a separate declaration under A.S. 18.12, known as a "Living Will".
- I have not executed a "Living Will".

YOU MAY DESIGNATE AN ALTERNATE ATTORNEY-IN-FACT. ANY ALTERNATE YOU DESIGNATE WILL BE ABLE TO EXERCISE THE SAME POWERS AS THE AGENT

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YOU NAMED AT THE BEGINNING OF THIS DOCUMENT. IF YOU WISH TO DESIGNATE AN ALTERNATE OR ALTERNATES, COMPLETE THE FOLLOWING:

If the agent named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

First alternate or successor attorney-in-fact:

SHARON EILEEN RONDA

Second alternate or successor attorney-in-fact:

MICHAEL ERIK RONDA

Third alternate or successor attorney-in-fact:

ANN KATHLEEN KONTAK

YOU MAY WISH TO NOMINATE A GUARDIAN OR CONSERVATOR. IF YOU WISH TO NOMINATE A GUARDIAN OR CONSERVATOR, COMPLETE THE FOLLOWING:

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate J. ARLENE RONDA of Homer, Alaska to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

NOTICE OF REVOCATION OF THE POWERS GRANTED IN THIS DOCUMENT:

You may revoke one or more of the powers granted in this document. Unless otherwise provided in this document, you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney.

NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of any attorney-in-fact as to a matter relating to a power granted by

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a properly executed statutory power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the attorney-in-fact to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the attorney-in-fact, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the disability of the principal, the disability of the principal is established by an affidavit as required by law.

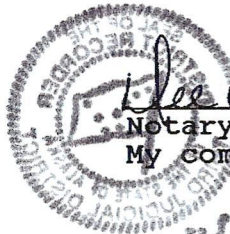
IN WITNESS WHEREOF, I have hereunto signed my name this 25th day of January, 1994.

Donald E Ronda
DONALD E. RONDA

STATE OF ALASKA)
) ss.
THIRD JUDICIAL DISTRICT)
)

THIS IS TO CERTIFY that on this 25th day of January, 1994, before the undersigned Notary Public in and for Alaska, duly commissioned and sworn as such, personally appeared DONALD E. RONDA, known to me to be the person named in and who executed the above and foregoing instrument and acknowledged to me that he signed and sealed the same freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year last above written.



Lee Ann M. [Signature]
Notary Public in and for Alaska
My commission expires: 10/10/1995

[Handwritten scribbles and signatures]

THIS IS TO CERTIFY that the foregoing is a full, true and correct copy of the document as it appears in the records and files of my office.
IN THE WITNESS WHEREOF, I have hereunto set my hand and have caused my official seal to be hereunto set at Homer, Alaska.



United States of America } ss
State of Alaska

THIS IS TO CERTIFY that the foregoing is a full, true and correct copy of the document as it appears in the records and files of my office.

IN THE WITNESS WHEREOF, I have hereunto set my hand and have affixed my official seal at Homer, Alaska,

this 16th day of July, 20 12.

By Connie Cordova
Recorder II