

POWER OF ATTORNEY

WARNING TO PERSON EXECUTING THIS DOCUMENT: The powers granted by this document are broad and sweeping, if you have any questions about these powers, obtain competent legal advice. You have the right to terminate this power of attorney. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

These powers of attorney shall continue even if you later become disabled or incapacitated with the exception of Formal Trusts.

I, MARY JEAN PARVIN, residing at
2 N. AVENA AVE. LODI, CA. 95240 hereby appoint

Attorney In Fact ("Agent")

Agent Name HAZEL SHIRLEY JOHNSON

Agent Signature

Hazel Shirley Johnson

as my Attorney-in- Fact ("Agent") whose address is 341 E LOCUST ST
LODI, CA. 95240

Check each applicable box

☒ Sign and endorse checks, drafts and withdrawals; make deposits to or order withdrawals from the designated accounts as identified below

Account Name

Account Number

MARY JEAN PARVIN

1230006882

☐ Obtain unrestricted and unsupervised access pursuant to the Safe Deposit Agreement to each of the Safe Deposit Box (es) that is identified below:

Safe Deposit Box Number _____

Safe Deposit Box Number _____

Where power of attorney applies to joint accounts or to safe deposit boxes with more than one renter or signer, all customers must sign.

MARY JEAN PARVIN

Customer Name

Customer Signature

Date

Mary Jean Parvin 3-30-10

Customer Name

Customer Signature

Date

Customer Name

Customer Signature

Date

Bank Representative: I have identified all parties and witnessed them signing above.

Name: _____

Signature: _____

Date: _____

Customer's Revocation

This authorization is hereby revoked:

Customer's Signature: *Mary Jean Parvin*

Date: 7-6-13