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AZ CORP COMMISSION
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Lisa Keel, Power of Attorney
for Ronald L. Keel, President
MERACANA MINING CORPORATION
6363 N Montebella Road #17202
Tucson, AZ 85704

September 3, 2002

Judge Phillip J. Dion III
Administrative Law Judge
ARIZONA CORPORATION COMMISSION
1200 West Washington Street
Phoenix, AZ 85007

IN THE MATTER OF:
Ronald Lee Keel; Donald Ramey;
and Meracana Mining Corporation
Docket No. S-03418A-01-0000

Arizona Corporation Commission
DOCKETED

SEP 11 2002

DOCKETED BY *ear*

Dear Judge Dion;

The purpose of this letter is to make known to the court specific facts and provide information I believe necessary. I am the daughter of the respondent, Ronald L. Keel. Since February 11, 2002 I have served as both his Financial and Medical Power of Attorney. I have enclosed copies of these documents for your records.

My representation for my father is as result of his being hospitalized on January 6, 2002. At that time, physicians at the Veteran's Hospital in Tucson made a determination of incompetence. A second opinion was obtained by an independent, private neurologist, W. Horace Noland, M.D., which confirmed the VA's original determination. I have enclosed a copy of said VA determination for your records. Dr. Noland is located at 5300 E Erickson Drive, Suite 116 Tucson, AZ 85712 and may be contacted at (520) 795-7750. I will consent to the release of any additional medical information you may require.

Presently, my father is a resident of The Marshall Home for Men which is a non-profit, licensed supervisory health care facility located at 3314 South 16th Avenue in Tucson and may be contacted at (520) 624-5193. He has been a resident there since leaving the Park Villa Nursing Home in June of this year. In order that I may better provide for his needs, I am in the process of renting a suitable home in Tucson so that he may reside with me.

I wish the court to know that I am working on his behalf to comply with your order per case law and Rule 31, Rules of The Supreme Court of Arizona, requiring Meracana Mining to retain an Arizona licensed attorney to represent it in the administrative proceedings before the commission dated May 22, 2002. My father has no financial resources to provide for representation for either himself personally or the corporation. Every firm I've contacted required a minimum of \$5,000

(five thousand dollars) as retainer. Furthermore, my father filed a petition of bankruptcy on 10/19/1999 which has yet to be resolved. The Bankruptcy Docket Case Number is 499-04246-SV-LO (Tucson). The Chapter 7 Trustee assigned is Henry K. Zipf of Tucson and may be contacted at (520) 792-3372. As I lack the resources necessary to adequately represent or counsel him legally, I am at a loss as to how I should proceed.

Enclosed with this document is an email notification received by me from Richard Keel stating his resignation from Meracana Mining. Please let me know what, if any, further information the court may require. Thank you for your consideration in this matter.

Respectfully,



Lisa Keel
Power of Attorney for Ronald L. Keel

Enclosures

cc:

Anthony Bingham
Assistant Attorney General
ARIZONA ATTORNEY GENERAL'S OFFICE
1275 West Washington Street
Phoenix, AZ 85007

Arizona Corporation Commission
Docket Control
1200 West Washington Street
Phoenix, AZ 85007

Cardinal & Stachel, P.C.
2151 South Hwy 92 Suite 100
Sierra Vista, AZ 85635
Attorneys for Respondent Ramey

Richard Keel, Officer/Director
MERACANA MINING CORPORATION
5496 Fitz Avenue
Portage, IN 46368

JUN 26 2002

FEE # 020620139
OFFICIAL RECORDS
COCHISE COUNTY
DATE 06/26/02 HOUR 4



When recorded, mail to:

Name: _____
Address: _____
City/State/Zip Code: _____

REQUEST OF
FIDELITY NATIONAL TITLE
CHRISTINE RHODES-RECORDER
FEE : 9.00 PAGES : 2

Space above this line for Recorder's use

203483-AB

**GENERAL DURABLE FINANCIAL
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

That I, RONALD L. KEEL SR.

the undersigned principal, whose address is 1849 VIOLA DR.

SIERRA VISTA, AZ 85635

by this instrument, hereby constitute and appoint,

LISA P. KEEL

, whose address is

6363 N MONTEBELLA RD TUCSON, AZ 85704

as my agent to act in my name, place and stead, and for my use and benefit as if I were personally present to accomplish the same.

I specifically authorize, although not limited thereby, my above named agent to:

a) ask, collect, demand, receive, recover and sue for all such sums of money, debts, accounts, legacies, bequests, interest, dividends, annuities and demands whatsoever as are now, or shall hereafter become due, owing, payable or belonging to me; to have, use and take all lawful ways or means necessary to grant acquittance or other sufficient discharges for the same;

b) bargain, contract, purchase, receive, sell, possess, convey, transfer, lease, let, demise, remise, assign, release, encumber, hypothecate, mortgage, or otherwise exercise any property right in any and all types, kinds and descriptions of both real and personal property, in lands, tenements, hereditaments, attachments, equipment, goods, wares, choses in action, personality or other property in possession or in action;

c) sign, seal, deliver or otherwise execute and/or acknowledge any agreement, bottomry, bill, bill of lading, bond, charter, contract, covenant, deed, debt instrument, demand, indenture, judgment, note, notice, pledge, protest, receipts, release, satisfaction of mortgage or any other such instruments in writing as may be necessary or proper to fully accomplish these premises;

d) deposit, withdraw, pledge or otherwise collect, recover or hypothecate any and all monies held in my name in any bank, savings and loan association, trust company, thrift institution, loan company, brokerage firm, insurance company, or any other financial institution or an individual or firm acting in a fiduciary capacity in regards to any such monies now due, owing, payable or otherwise belonging to me;

e) exercise any rights, options or privileges available to me under or in connection with any annuity, contract, disability award, accumulated retirement contract or life insurance policy, including, but not limited to, the right to amend, change or modify the manner, method or frequency of payments under such contract, and to surrender, pledge or change the beneficiary under any such life insurance policy or policies;

f) invest and reinvest my money in any debt or equity security, such as stocks, bonds, debentures, treasury bills, treasury notes, trust certificates, certificates of deposit, joint ventures, mortgages, deeds of trust, limited partnerships or contract services.

GIVING AND GRANTING unto said Agent, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Power of

020620139

Attorney, and therefore, I hereby ratify and confirm every act that said Agent shall lawfully do or cause to be done by virtue of these presents.

The validity of this Power of Attorney shall not be affected by my subsequent disability or incapacity or the lapse of time, and shall continue in full force and effect during my lifetime, unless sooner revoked or terminated by me in writing.

IN WITNESS WHEREOF, I, have hereunto set my hand this 11th day of February, 2002

John Gonzalez
Signature of Witness
6363 N Montabella Rd #17202
Address of Witness
Tucson Ar. 85704
City/State/Zip Code

Ronald L Keel Sr
Signature of Principal
1849 Viola Dr
Address of Principal
Sierra Vista AZ 85635
City/State/Zip Code

ACKNOWLEDGMENT OF PRINCIPAL

I, Ronald L. Keel, Sr, the principal, sign my name to this power of attorney this 11th day of February, 2002, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Ronald L Keel Sr
Signature of Principal

AFFIDAVIT OF WITNESS

I, John Gonzalez, the witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

John Gonzalez
Signature of Witness

State of Arizona)
County of Pima) ss.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by Ronald L. Keel Sr, the principal, and subscribed and sworn to before me by John Gonzalez, the witness, this 11th day of February, 2002.

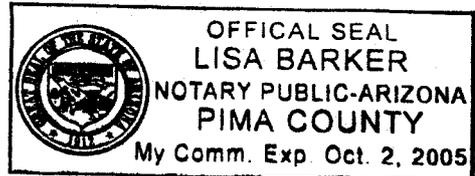
My Commission Expires: 10-2-2005
Lisa Barker
Notary Public

If acknowledged in State of Florida, complete section below:
(Principal) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: _____

(Witness) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: _____



020620139

THE HEALTH CARE POWER OF ATTORNEY

of

RONALD L. KEEL SR.

(Part 1)

KNOW ALL MEN BY THESE PRESENTS:

That I, RONALD L. KEEL SR., as principal, designate LISA P. KEEL, whose address and telephone number is: 6363 N MUNKBELLA #17000 TUCSON AZ 85704 (520) 531-8775 as my agent for all matters relating to my health care, including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care.

This Power of Attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power of attorney during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint RONALD L. KEEL JR., P.O. Box 871157 Wasilla AK 99687, whose address and telephone number is (907) 373-2994, as my agent.

I (check one) [X] have [] have not completed and attached a Living Will for purposes of providing specific direction to my agent in situations that may occur during any period when I am unable to make or communicate health care decisions or after my death. My agent is directed to implement those choices I have initialed in the Living Will.

I (check one) [X] have [] have not completed a prehospital medical directive pursuant to Section 36-3251 of the Arizona Revised Statutes.

This health care directive is made under Section 36-3221 of the Arizona Revised Statutes, as amended 1994, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

AUTOPSY (Part 2)

I, RONALD L. KEEL SR., the undersigned principal, in addition to those health care directives that I have previously given in Part 1 of this Health Care Power of Attorney, I additionally wish to make known or consent to other provisions and rights under Arizona Laws in regards to my right to consent or not consent to an autopsy.

I therefore wish to reflect my desires by checking the appropriate box and initialing either of lines 1, 2, or 3.

- 1. I do not consent to an autopsy.
2. I consent to an autopsy.
3. My agent may give consent to or refuse an autopsy. (Checked)

**ORGAN DONATION
(Part 3)**

(Under Arizona Law, you may make a gift of all or part of your body to a bank or storage facility or a hospital, physician or medical or dental school for transplantation, therapy, medical or dental evaluation or research or for the advancement of medical or dental service. You may also authorize your agent to do so or a member of your family may make a gift unless you give then notice that you do not want a gift made. In the space below you may make a gift yourself or state that you do not want to make a gift. If you do not complete this section, your agent will have the authority to make a gift of a part of your body pursuant to law.)

If any of the statements below reflects your desire, check and initial on the line next to that statement.

YOU DO NOT HAVE TO INITIAL ANY OF THE STATEMENTS

If you do not check and initial any of the statements, your agent and your family will have the authority to make a gift of all or part of your body under Arizona Law.

- I do not want to make an organ or tissue donation and I do not want my agent or family to do so.
- I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution: _____

- Pursuant to Arizona Law, I hereby give, effective on my death:
(check one) Any needed organ or parts (The following part or organs listed: _____).

for (check one) Any legally authorized purpose (Transplant or therapeutic purposes only)

This health care directive is made under Section 36-3221, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

Ronald R. Buel Sr.
Signature of Principal

Date: Feb 11, 2002 Time: 1:20 P.M.

Witnesses:

John Goyals
Signature of Witness

6363 N Montebella Rd. #17202
Address

Neil Montgomery
Signature of Witness

TUCSON AZ. 85704
City/State/Zip Code

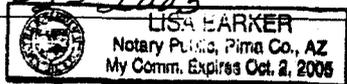
7351 E. SPEEDWAY #2F
Address

TUCSON, AZ. 85710
City/State/Zip Code

State of Arizona)
County of Pima) ss.

**ACKNOWLEDGMENT
(May be used in place of Witnesses)**

On this 11th day of February 2002, before me, the undersigned Notary Public, personally appeared _____, known to me to be the individual who executed the foregoing instrument and acknowledge the same to be his(her) free act and deed.

My Commission Expires: 10-2-2005


Lisa Barker
Notary Public

Department of
Veterans Affairs

Memorandum

Date: 1/23/02
From: Sarah Braaten, M.D.
Subj: mental competency of Ronald L. Keel
To: Whom it may concern.

Mr. Ronald L. Keel, son of Frank E. Keel Sr., has been under my medical care at the Veteran's Administration Hospital from January 14, 2002 until the present. It has been determined through psychiatric evaluation by Dr. John S. Jachna, attending physician in geropsychiatry, that Mr. Ronald L. Keel does not have the ability to make competent medical, personal, or financial decisions. It has been recommended that he get an official guardian and conservator to manage his affairs. Thank you for your time and attention.

Sincerely,



Sarah Braaten, MD
Internal medicine, resident physician
VA Hospital
Tucson, Arizona
(520) 626-7000

Subject: resignation

Date: Mon, 12 Aug 2002 19:40 EST

From: LKeel14324@aol.com

To: lkeelaz@netscape.net

Ron Keel, President - Meracana Mining Corp. This note is to inform you that I am resigning my position as executive vice-president of the Meracana Mining corp. effective as of August 1, 2002. I will follow this note up with a signed document.