

FILE \$10.00
Cert. Copy \$1.50

By Evelyn Blain County Clerk
Power of Attorney on file 18103
A.D. 19 87 in 9:34 o'clock A.M. and duly recorded in Vol. 1887
4th day of October 1987

(F) Power with Respect to Taxes. To prepare, sign and file Federal, state and/or local income, gift, property or other tax returns, claims, etc.

(G) Power to Demand and Receive. To demand, arbitrate, settle, sue for, collect, receive, deposit, expend for my benefit, reinvest or make such other appropriate dispositions of, as my Agent deems appropriate, all cash rights to payments of cash, property (personal, intangible and/or mixed), rights and/or benefits to which I am now or may in the future become entitled, regardless of the identity of the individual or public or private entity involved (and for purposes of receiving Social Security benefits, my Agent is herewith appointed my "Representative Payee"); to utilize all lawful means and methods for such purposes.

I further give and grant to my said Attorney(s)-in-Fact full power and authority to do and perform every act necessary to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney(s)-in-Fact shall lawfully do, or cause to be done by virtue hereof.

This instrument may not be changed orally.

This power of attorney is durable and shall not be affected by the subsequent disability or incompetence of the principal.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS; HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

In witness whereof, I have hereunto signed my name this 5th day of October, 1987

Specimen Signature of Attorney(s)-in-Fact

Kathy G. McInath

Elizabeth Bales

[In Connecticut power of attorney must be signed by two witnesses.]

CERTIFICATE OF NOTARY

STATE OF

18-291110-2
COUNTY OF

On the 15 day of October, 2018, before me personally came Kevin David whose identity is well known to me and known to me to be the individual described in and who executed the foregoing instrument and (he) (she) acknowledged to me that (he) (she) executed the same.

Notary Public

the Commission Copies 7-6-89

STATE OF OREGON: COUNTY OF KLAMATH: SS

Filed for record at request of _____ the 6th day
of October A.D., 19 87 at 9:24 o'clock A. M., and duly recorded in Vol. M87
of Power of Attorney ss. Page 18106

FEE \$10.00
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On Page 40170.
Evelyn Biehn, County Clerk

By Pam Smith County Clerk