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Recording requested by  
and when recorded mail to:

LOUISE C. MILLER

2511 PATTERSON

KLAMATH FALLS, OR. 97603

Springing Durable Power of Attorney  
for Health Care and Financial/Asset Management

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

1. This document may provide the person you designate as your attorney in fact with broad powers to dispose, sell, convey, and encumber your real and personal property.
2. These powers will exist for an indefinite period of time unless you limit their duration in this document. These powers will continue to exist notwithstanding your subsequent disability or incapacity.
3. You have the right to revoke or terminate this durable power of attorney at any time.

1. Creation of Durable Power of Attorney

To all those concerned of involved with my finances/assets and/or health care, including my family, relatives, friends and my physicians, health care providers, community care facilities and any other person who may have interest or duty in my medical care of treatment: I, LOUISE CHARLOTTE MILLER, being of sound mind, willfully and voluntarily intend to create by this document a durable power of attorney for my health care and the management of my finances and assets, by appointing the person designated as my attorney in fact to make health care decisions for me, and manage my finances and assets for me, in the event I become incapacitated and am unable to make health care decisions or manage my finances and assets my self. This power of attorney shall not be affected by my subsequent incapacity.

2. Designation of Attorney in Fact

The person designated to be my attorney in fact for health care and financial/asset management in the event I become incapacitated is DON B. MILLER of 2511 PATTERSON - KLAM. FALLS, OR. If DON B. MILLER for any reason shall fail to serve or ceases to serve as my attorney in fact, MARK A. MILLER (SON) of 1414 CARLYLE AVE KLAM. FALLS, OR. shall be my attorney in fact for health care and financial/asset management.

### 3. Effective on Incapacity

This durable power of attorney shall become effective in the event I become incapacitated and am unable to make health care decisions for myself and/or manage my own financial/assets, in which case it shall become effective as of the date of the written statement by a physician, as provided in Paragraph 4.

### 4. Determination of Incapacity

(A) The determination that I have become incapacitated and am unable to make health care decisions for myself and/or am unable to manage my finances/assets shall be made in writing by a licensed physician. If possible, the physician shall be TERENCE A. DEGAN, M.D. of KLAMATH MEDICAL CLINIC, 1905 MAIN ST. - KLAMATH FALLS, OR. 97601.

(B) In the event that a licensed physician has made a written determination that I have become incapacitated and am not able to make health care decisions for myself and/or am unable to manage my finances/assets, that written statement shall be attached to the original document of this durable power of attorney.

### 5. Authority of My Attorney in Fact Over Health Care Decisions

#### (A) Authority in General

My attorney in fact shall have all lawful authority permissible to make health care decisions for me, including the authority to consent, or with draw consent or refuse consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental condition, EXCEPT:

No life support systems shall be used to artificially prolong my life if I have an incurable disease/condition.

#### (B) Authority for Inspection and Disclosure of Information Relating to My Physical or Mental Health.

Subject to any limitations in this document, my attorney in fact has the power and authority to do all of the following:

(1) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

(2) Execute on my behalf any releases or other documents that may be required in order to obtain this information.

(3) Consent to the disclosure of information.

## (C) Authority to Sign Documents, Waivers, and Releases

Where necessary to implement the health care decisions that my attorney in fact is authorized by this document to make, my attorney in fact has the power and authority to execute on my behalf all of the following:

(1) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".

(2) Any necessary waiver or release from liability by a hospital or physician.

## 6. Authority of My Attorney in Fact to Manage My Finances/Assets

(A) Except as specified in Section 6(B), I grant my attorney in fact full power and authority over all my property, real and personal, and authorize HIM to do and perform all and every act which I as an owner of said property could do or perform and I hereby ratify and confirm all that my attorney in fact shall do or cause to be done under this durable power of attorney.

(B) My attorney in fact has no authority to give any of my property to HIMSELF.

## 7. Reliance by Third Parties

The powers conferred on my attorney in fact by this durable power of attorney may be exercisable by my attorney in fact alone, and my attorney in fact's signature or act under the authority granted in this durable power of attorney may be accepted by any third person or organization as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf.

No person or organization who relies on this durable power of attorney or any representation my attorney in fact makes regarding HIS authority, including but not limited to:

(A) The fact that this durable power of attorney has not been revoked;

(B) That I, LOUISE CHARLOTTE MILLER, was competent to execute this power of attorney;

(C) The authority of my attorney in fact under this power of attorney:

Shall incur any liability to me, my estate, heirs, successors or assigns because of such reliance on this durable power of attorney or on any such representation by my attorney in fact.

## 8. Duration

I intend that this Durable Power of Attorney remain effective until my death, or until revoked by me in writing.

Executed this 31 day of March, 1991 at Klamath Falls

Louise C. Miller  
Principal

Witnesses

I declare that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence.

I further declare that I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of that principal upon the death of the principal under a Will now existing or by operation of law.

Witnesses

Debbie Dumbell of Klamath Falls, OR.  
Lair Miller of Klamath Falls, OR.

Notarization

State of Oregon  
 County of Klamath

On this 21 day of March in the year 1991, before me, a Notary Public, State of Oregon, duly commissioned and sworn, personally appeared Louise C. Miller, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State of Oregon, County of Klamath, on the date set forth above in this certificate.

C. H. Hume  
 Notary Public

State of Oregon

STATE OF OREGON,  
 County of Klamath ss.

My commission expires 1-16-94

Filed for record at request of:

Louise C. Miller  
 on this 22nd day of March A.D., 19 91  
 at 11:51 o'clock A.M. and duly recorded  
 in Vol. M91 of Power of Attorney Page 5164  
 Evelyn Biehn  
 By Rauline Mullen  
 County Clerk

Deputy.

Fee, \$20.00

