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## GENERAL POWER OF ATTORNEY (with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, WESLEY E. COATES, of 3201 VANDENBERG C/O KLAMATH COUNTY JAIL, (A-3 POD) KLAMATH FALLS, OREGON 97601, the undersigned Principal, do hereby make and grant a general power of attorney to JOLENE BAKER, DAUGHTER, of 3113 BRISTOL AVENUE #45, KLAMATH FALLS. OREGON 97603, and do thereupon constitute and appoint said individual as my attorney-in fact

My attorney-in-fact shall act in my name, place and stead in anyway which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

NOTICE: The principal must write his or her initials in the corresponding blank space of a box below which the grantor wants to give the agent authority. (If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- WEÁ
- (A) Real estate transactions
- (B) Tangible personal property transactions (C) Bond, share and commodity transactions
- (XX) WEC) (D) Banking transactions
- (WEC) WEG.

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- (E) Business operating transactions
- (F) Insurance transactions
  - (G) Gifts to charities and individuals other than attorney-in-fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- WEG 4 (XXIW. ILEA

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- (H) Claims and Litigation
- (I) Personal relationships and affairs
  - ( J ) Benefits from military service
  - ( K ) Records, reports and statements

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(weg	(I.) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select
( XX )	(M) Access to safe deposit box (es)
(WEC)	(N) All other matters
(WED)	<ul> <li>(O) Durable Provision: This durable Power of Attorney shall not be affected by my subsequent disability or incompetence.</li> </ul>
Other Terms	None

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she is his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

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. 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 MY SELF 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.

Signed under seal this 10t, day of April, 1999.

Signed in the presence of:

<u>Enerté Baumaardner</u> <u>Vesley & Coates</u> <u>Principal</u> <u>Enerté Baumaardner</u> <u>Jølene Baker</u> Witness

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## STATE OF OREGON COUNTY OF KLAMATH

On April 10<sup>th</sup>, 1999 before me, <u>Jolene Baker</u>, personally appeared <u>Percen</u>, personally known to me (or prove to me on the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity (is), and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Enert C Baumoardmer Alfiant Known Produced ID Type of ID Scriveris Sicense # 411 4036



## STATE OF OREGON COUNTY OF KLAMATH

On April 10<sup>th</sup>, 1999 before me, <u>Wesley E. Coates</u>, personally appeared <u>Chey</u>, personally known to me (or prove to me on the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity (is), and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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