

104 OCT 25 10:33

State of Oregon, County of Klamath
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 Linda Smith, County Clerk
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General Power of Attorney

(with Durable Provision)

APARTMENT – CONDOMINIUM – HOUSE

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. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED 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, JEAN E COLE
 of 4200 SUMMERS LN. 5A.71 KLAMATH FALLS, OR
 the undersigned Principal, do hereby make and grant a general power of attorney to CAROL L AROLA
 of 2207 LOST TREE WAY
 and do thereupon constitute and appoint said individual as my attorney-in-fact/agent. BLOOMFIELD HILLS, MI 4834

If my Agent is unable to serve for any reason, I designate JOYCE S. PARROTT
 of 2387 COUNTY RD. 3, SOBIESKI, WISCONSIN 54171 my successor Agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way 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 with respect to each of the subdivisions (A) through (O) below for which the Principal 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.)

- | | | |
|-----------------|----------------|---|
| [<u>J.C.</u>] | (A) | Real estate transactions |
| [<u>J.C.</u>] | (B) | Tangible personal property transactions |
| [<u>J.C.</u>] | (C) | Bond, share and commodity transactions |
| [<u>J.C.</u>] | (D) | Banking transactions |
| [<u>NA</u>] | (E) | Business operating transactions |
| [<u>J.C.</u>] | (F) | Insurance transactions |
| [] | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| [] | (H) | Claims and litigation |
| [] | (I) | Personal relationships and affairs |
| [] | (J) | Benefits from military service |
| [<u>J.C.</u>] | (K) | Records, reports and statements |
| [<u>J.C.</u>] | (L) | Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select |
| [] | (M) | Access to safe deposit box(es) |
| [<u>J.C.</u>] | (N) | To authorize medical and surgical procedures |
| [<u>J.C.</u>] | (O) | All other matters |

Durable Provision:

[YIC]

(P)

If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms: THIS POWER OF ATTORNEY IS IN FORCE ONLY IF I, JEAN E COLE SHOULD BECOME INCOMPETENT.

My attorney-in-fact/agent 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 in 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, 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.

Signed under seal this 22 day of OCTOBER, 2004.

Signed in the presence of:

Witness:

Principal:

Witness:

Witness:

State of

County of

Oregon

Klamath

On October 22, 2004 before me,

Janet L. Monti

, appeared

Jean E. Cole

, 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/she/they executed the same in his/her authorized capacity, 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:

Janet L. Monti

Affiant Known X Produced ID
Type of ID Oregon Driver's License
(Seal)



after recording, mail to:

Carol Arala
2207 Lost Tree Way
Bloomfield Hills MI 48304

(Seal)

Affidavit of Validity: Power of Attorney

RE: POWER OF ATTORNEY FROM Jean E. Cole, (PRINCIPAL)
 DATED: 22 October, 2004 (year).
 RECORDED WITH PUBLIC RECORDS OF Klamath COUNTY AT DOCKET/PAGE:

1. I hereby depose and say I am an adult and otherwise competent to execute an Affidavit and further, I am the above-named Attorney-in-Fact.
2. The Affidavit is executed pursuant to the Uniform Probate Code. This provides an Affidavit executed by the Attorney-in-Fact stating that he/she did not have, at the time of the act pursuant to the Power of Attorney, actual knowledge of the revocation or termination of the power by death, disability or incompetence. The Affidavit, in the absence of fraud, is conclusive proof of the non-revocation or non-termination of the power at that time. If the power requires the execution of an instrument which is recordable, the Affidavit, when authenticated for record, is similarly recordable.
3. Pursuant to the above, I affirm that on the date below I have had no actual knowledge of any revocation or termination of the Power of Attorney by death, disability, incompetence or otherwise, and I have good reason to believe the Power of Attorney is in full force and effect.
4. I have read the foregoing and of my own knowledge affirm that the facts stated above are true and correct.

Jean E. Cole
 Attorney-in-Fact

State of Oregon
 County of Klamath }

On October 22, 2004 before me, Janet L. Monti,
 personally appeared Jean E. Cole, personally known to me (or proved 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/they executed the same in his/her/their authorized capacity(ies), and that by
 his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
 executed the instrument.

WITNESS my hand and official seal.

Signature Janet L. Monti
 Signature of Notary



Affiant Known X Produced ID
 Type of ID Oregon Driver's License
 (Seal)

After recording, mail to:
 www.socrates.com
 Carol Arora
 2207 Lost Tree Way
 Brentfield Hills MI 48304

(Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of section 5-1503 of the New York General Obligations Law.)

This durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

If every agent named above is unable or unwilling to serve, I appoint: Carol L. Arala
2207 last tree way, Bloomfield Hills MI 48304
 (Insert name and address of successor)

to be my agent for all purposes hereunder.

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.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

In Witness Whereof I have hereunto signed my name this 22 day of October,
2004 (year).

(YOU SIGN HERE:)

Jan E. Cole
 (Signature of Principal)

State of Oregon
 County of Clatsop }

On October 22, 2004 before me, Janet L. Monti, personally appeared Jan E. Cole, personally known to me (or proved 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/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Janet L. Monti



Signature of Notary
 Affiant _____ Known X Produced ID
 Type of ID Oregon DRIVER'S License