

05 JUN 17 PM 3:05

Vol M05 Page 45766

*Aspen Valley 2 AF*  
**Limited Power of Attorney**  
(with Durable Provision)

State of Oregon, County of Klamath  
Recorded 06/17/05 3:05 P m  
Vol M05 Pg 45766-67  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

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, Gregory J. Jole  
of 3309 STREAMWOOD CT. ANTIOCH, CA. 94531  
as Principal, do hereby make and grant a limited and specific power of attorney to James Robertson  
of P.O. Box 522 Garden Valley, CA 95623  
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:  
(Describe specific authority) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

**Special durable provisions:**

This power of attorney shall not be affected by subsequent incapacity of the Principal. This power of attorney may be revoked by the Principal giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Principal resides. Furthermore, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such a time as said court determines that I am no longer incompetent.

Other terms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45767

Signed under seal this 27th day of May, 2005.  
 Signed in the presence of:

Witness: \_\_\_\_\_

Principal: [Signature]

Witness: \_\_\_\_\_

State of Calif.  
 County of Contra Costa }

On May 27, 2005 before me, Shawn Slimp, Notary Public,  
 appeared Gregory Jojola  
 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 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: [Signature]

Affiant Known ☒ Produced ID  
 Type of ID DL 50872494  
 (Seal)

