2007-005854 Klamath County, Oregon



03/29/2007 11:38:22 AM

Fee: \$31.00

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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. 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 PERS	ONS, be it kr	nown that I, Jennie Mae Hawo, wy 66, Klamath Falls, OR	rth
of 835	I H	wy 66, Klamath Falls, OR	
the undersigned Lee	ed Grantor (h Haw	ereinafter Principal), do hereby make and grant a general power of on the grant of 28192 Yvelf	attorney to Gary
and do thereu	pon constitut	e and appoint said individual as my Attorney-in-Fact/Agent.	/ ·
		A* (4	
		ve for any reason, I designate	
of			, as my successor Agent.
		shall act in my name, place and stead in any way that I myself could g matters, to the extent that I am permitted by law to act through a	
of the subdivis a box for any p	ions (A) throu particular sub	st write his or her initials in the corresponding blank space of each bugh (N) below for which the Principal wants to give the agent authoritism is NOT initialed, NO AUTHORITY WILL BE GRANTED for mappower withheld.)	ority. If the blank space within
1 J8/11	(A)	Real estate transactions	J 7
[] M/A [] M/A [·] []	(B)	Tangible personal property transactions	
[•]	(C)	Bond, share and commodity transactions	*
JM H	(D)	Banking transactions	
[]	(E)	- Business operating transacti ons	
[J. 717 H.]	(F)	Insurance transactions	
	(G)	Gifts to charities and individuals other than Attorney-in-Fac (If trust distributions are involved or tax consequences consult an attorney.)	
1Jm H	(H)	Claims and litigation	
	(1)	Personal relationships and affairs	
[]	(J)	Benefits from military service	

Page 1 of 3

19m A	(K)	Records, reports and statements	
9 m H.1	(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	
(Jhi H)	(M)	Access to safe deposit box(es)	
QM H	(N)	All other matters	
Durable Provi			
[J.M.H	(0)	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 Principal.	
Other Terms: _			
My Attorney-in-F capacity consiste acts so undertak	ent with my	hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all	
EXECUTED COP HEREOF SHALL SUCH REVOCAT MY HEIRS, EXEC ANY SUCH THIR	y or facs be ineffection or te tutors, le d party f	RTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY IMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION CTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF RMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR GAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.	
Signed under sea Signed in the pre Waress	\ \	29.th day of March 2007.	
Witness	uf	Herry I, Hanorth Attorney-in-Face/Agent	

State of Negon County of Hamaek
On March 39 300 7. , before me, Beefel, appeared ennie Mac hund Haward 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 of Notary
AffiantKnown X Produced ID. Type of ID Druger Lucense (Seal)
OFFICIAL SEAL P. KEEFER NOTARY PUBLIC - OREGON COMMISSION NO. 399228 MY COMMISSION EXPIRES NOVEMBER 19, 2009