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Fee: \$36.00

Name
Street
Address
City
State
Zip
L

Jann R. Clark

Space above this line for recorder's use

WOLCOTTS FORMS, INC.

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SINCE 1893

Power of Attorney

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT MAY BE BROAD AND SWEEPING. THIS DOCUMENT IS NOT INTENDED TO AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. IF YOU WISH TO DO SO, FORM #1401 IS DESIGNED FOR THAT PURPOSE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO (FORM #1404).

I, EMILY C. RAMIREZ, TRUSTEE
OF THE EMILY C. RAMIREZ REVOCABLE
INTERVIVOS TRUST DATED JUNE 6, 1983
NAME AND ADDRESS

the undersigned (jointly or severally, if more than one) appoint

JANN RAMIREZ CLARK

NAME AND ADDRESS OF THE PERSON APPOINTED OR OF EACH PERSON APPOINTED IF YOU WANT TO DESIGNATE MORE THAN ONE

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

- Initial options (A) through (O) as appropriate. If you wish to include ALL options, you need only to initial option (P).
- If you wish to limit this power of attorney to a specific option or transaction select option (Q) and provide written instructions in the space provided on page 2.
- If you select option (R) this becomes a general power of attorney (granting the broadest powers as allowed by law) except those powers that require a specific legal document by law, i.e.: A Medical Power of Attorney.

INITIAL

- ☒ (A) Real Property Transactions.
☐ (B) Tangible Personal Property Transactions.
☐ (C) Stock And Bond Transactions.
☐ (D) Commodity And Option Transactions.
☐ (E) Banking And Other Financial Transactions.
☐ (F) Business Operating Transactions.
☒ (G) Insurance And Annuity Transactions.
☐ (H) Estate, Trust, And Other Beneficiary Transactions
☐ (I) Claims And Litigation.
☐ (J) Personal And Family Maintenance.
☐ (K) Benefits From Social Security, Medicare, Medicaid Or Other Governmental Programs Or Civil Or Military Service.

INITIAL

- ☐ (L) Retirement Plan Transactions.
☒ (M) Tax Matters.
☐ (N) Making Gifts To My Spouse, Children, And More Remote Descendants, And Parents, Not To Exceed In The Aggregate \$10,000 To Each Of Such Persons In Any Year.
☐ (O) Full And Unqualified Authority To My Attorney(S)-In-Fact To Delegate Any Or All Of The Foregoing Powers To Any Person Or Persons Whom My Attorney(S)-In-Fact Shall Select.
☐ (P) ALL THE POWERS LISTED ABOVE.
☐ (Q) ONLY THE POWERS SPECIFIED IN SPECIAL INSTRUCTIONS ON TOP OF PAGE 2.

☐ (R) ALL POWERS EXCEPT MEDICAL (GENERAL POWER OF ATTORNEY)

YOU NEED NOT INITIAL ANY OTHER OPTIONS IF YOU INITIAL OPTION (P) or (Q) or (R).

Wolcotts Forms, our resellers and agents make no representations or warranty, express or implied, as to the fitness of this form for any specific use or purpose. If you have any question, it is always best to consult a qualified attorney before using this or any legal document.

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CLASS 04 #1410 REV. 5-04

SPECIAL INSTRUCTIONS:

On the following lines you may give special instructions limiting or extending the powers granted to your agent.

THIS POWER OF ATTORNEY SHALL APPLY ONLY TO PROPERTY LOCATED
IN THE STATE OF OREGON, CITY OF KLAMATH FALLS, WHOSE ADDRESS
IS 4680 SUE DRIVE. PROPERTY HELD BY ME AS TRUSTEE OF THE
EMILY C. RAMIREZ REVOCABLE INTERVIVOS TRUST DATED JUNE 6, 1983.

TO INDICATE WHEN THIS DOCUMENT SHALL BECOME EFFECTIVE, INITIAL ONE OF THE FOLLOWING:

- ERP* (A) This document shall become effective upon the date of my signature.
- _____ (B) This document shall become effective on _____
DATE
- _____ (C) This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability. (Springing)

INITIAL ONE OF THE FOLLOWING ONLY, IF YOU HAVE INITIALED (A) OR (B) ABOVE:

- ERP* This document shall not be affected by my subsequent disability. (Durable)
- _____ This document shall be revoked by my subsequent disability. (Non-Durable)

IF YOU WANT TO LIMIT THE TERM OF THIS DOCUMENT, INITIAL ONE OF THE FOLLOWING:

- _____ This document shall only continue in effect for _____ ☐ years or ☐ months. (Limited)
- _____ This document shall terminate on _____
DATE (Limited)

IF I HAVE INITIALED OPTION (C) AND I HAVE BECOME INCAPACITATED, DURING THE TERM OF THIS DOCUMENT, THE TIME LIMITATIONS ABOVE SHALL BE NULL AND VOID.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED

If either of the **Durable** or **Springing** paragraphs are initialed then the **NOTICE TO PERSONS EXECUTING DURABLE POWER OF ATTORNEY** below applies.

NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.

The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

IF YOU HAVE APPOINTED MORE THAN ONE AGENT, CHECK ON OF THE FOLLOWING:

- ☐ Each agent may exercise the powers conferred separately, without the consent of any other agent.
- ☐ All agents shall exercise the powers conferred jointly, with the consent of all other agents.

YOU MAY DESIGNATE AN ALTERNATE AGENT (ATTORNEY-IN-FACT). ANY ALTERNATE YOU DESIGNATE WILL BE ABLE TO EXERCISE THE SAME POWERS AS THE AGENT(S) YOU NAMED AT THE BEGINNING OF THIS DOCUMENT. IF YOU WISH TO DESIGNATE AN ALTERNATE OR ALTERNATES, COMPLETE THE FOLLOWING:

If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

Name(s) of first alternate AGENT(S): N/A
ADDRESS OF THE FIRST ALTERNATE AGENT(S) _____
Name(s) of second alternate AGENT(S): N/A
ADDRESS OF THE SECOND ALTERNATE AGENT(S) _____

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 14th day of JULY, 2005

Emily C. Ramirez Juster
AUTOGRAPH

SOCIAL SECURITY NUMBER

State of _____ County of _____

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT

NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS AGENT

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under applicable state law. In addition to criminal prosecution, you may also be sued in civil court.

I/We have read the foregoing notice and I/We understand the legal and fiduciary duties that I/We assume by acting or agreeing to act as the agent(s) (attorney-in-fact) under the terms of this power of attorney.

Date: _____
PRINT NAME OF AGENT _____
AUTOGRAPH OF AGENT _____
Date: _____
PRINT NAME OF AGENT _____
AUTOGRAPH OF AGENT _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Orange

} ss.

On

7/14/05

Date

before me,

Kristin Masters, notary public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Emily Ramirez

Name(s) of Signer(s)

☐ personally known to me

☒ 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]

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Power of attorney

Document Date:

7/14/05

Number of Pages:

4

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here