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Steven M Young

# General Power of Attorney (with Durable Provision)—Oregon

**NOTICE:** This is an important legal document which is authorized by the general laws of this State. The powers granted by this document are broad and sweeping. 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 may seek competent legal advice. You may revoke this Power of Attorney if you later wish to do so.

2704, WATSON ST  
N 97603

**TO ALL PERSONS,** be it known that I, Jack R. Young & Delphine Mae Young, the undersigned Principal, residing at KLAMATH FALLS, County of KLAMATH, State of OREGON, do hereby appoint STEVEN M. YOUNG @ 1705 HARMON LN, KLAMATH FALLS, OR 97601 (insert name[s] and address[es]) as my Attorney[s]-in-fact/Agent[s] to act AS POWER OF ATTORNEY on my behalf.

(If more than one Attorney-in-fact/Agent is designated and the Principal wishes each Agent alone to be able to exercise the power conferred, insert in the above blank the word "severally." Failure to make any insertion or the insertion of the word "jointly" shall require the Agents to act jointly.)

If my Attorney[s]-in-fact is/are unable to serve for any reason, I designate BOBETTE D YOUNG @ 1705 HARMONY LN, KLAMATH FALLS OR 97601, (insert name[s] and address[es]), as my successor Attorney[s]-in-fact/Agent[s] in the order they are named.

My Attorney[s]-in-fact shall care for, manage, control and handle all of my business, financial, property and personal affairs in my name, place and stead in as full and complete a manner in which I myself could do, if I were personally present, with respect to the following lawful subjects and purposes, to the extent that I am permitted by law to act through an agent and subject to any limitations on or additions to the specified powers inserted after the following:

**(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 (Q) below for which the Principal wants to give the Attorney[s]-in-fact authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters those are included in that subdivision. Cross out each power withheld.)

- ☒ (A) Real estate transactions  
☒ (B) Tangible personal property transactions  
☒ (C) Bond, share and commodity transactions  
☒ (D) Banking transactions  
☒ (E) Business operating transactions

- ~~JPY~~ (F) Insurance transactions
- ~~JPY~~ (G) Gifts to charities and to the Attorney[s]-in-fact (if the Attorney[s]-in-fact is/are individual[s]) or to individuals other than the Attorney[s]-in-Fact, to the extent permitted by law  
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- ~~JPY~~ (H) Claims and litigation
- ~~JPY~~ (I) Personal relationships and affairs
- ~~JPY~~ (J) Benefits from military service
- ~~JPY~~ (K) Records, reports and statements
- ~~JPY~~ (L) 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
- ~~JPY~~ (M) Access to safe deposit box[es]
- ~~JPY~~ (N) Stock and bond transactions
- ~~JPY~~ (O) Tax matters
- ~~JPY~~ (P) All other property related matters
- ~~JPY~~ (Q) Other powers: *CEP Investments*

The powers granted hereinabove shall not include the following powers or shall be modified or limited in the following particulars:

*na*  
Additional powers, if any, granted to the Attorney[s]-in-fact with respect to any power listed above and not eliminated/struck out by the Principal:

Additional provisions, if any, that are not inconsistent with the other provisions of this Power of Attorney:

~~JPY~~ *all medical decisions*

My subsequent death shall not revoke or terminate the agency granted herein as to my Attorney[s]-in-fact who, without actual knowledge of my death, act[s] in good faith under this Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, shall bind my successors in interest.

**Durable Provision:**

~~JPY~~ ☐ 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 or lapse of time, and all acts done by the Attorney[s]-in-fact under the power granted herein during any period of the Principal's disability or incapacity shall have the same effect and inure to the benefit of and bind the Principal and the Principal's successors in interest as if the Principal were competent and not disabled.

**Other Terms:**

My Attorney[s]-in-fact hereby accept[s] this appointment subject to its terms and agree[s] to act and perform in the said fiduciary capacity consistent with my best interests as he/she/they in his/her/their best discretion deem[s] 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of the Principal:

Print Name of the Principal:

State of: Oregon  
County of: KLAMATH

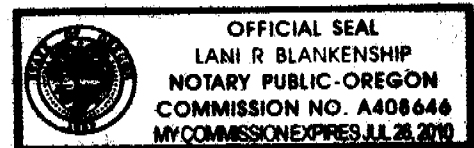
The foregoing instrument was acknowledged before me this 14 day of Jan., 2009, by

Signature of Notary:

Print Name of Notary:

Affiant \_\_\_\_\_ Known X Produced ID \_\_\_\_\_

Type of ID OR DL'S  
(Seal)



**Acknowledgement by the Attorney[s]-in-fact/Agent[s]**

By accepting or acting under the above appointment, the Attorney[s]-in-fact assume[s] the legal responsibilities described therein.

Signature of the Attorney-in-fact/Agent:

Steven M. Young

Print Name of the Attorney-in-fact/Agent:

Steven M. Young

Signature of the Attorney-in-fact/Agent:

Bobette Young

Print Name of the Attorney-in-fact/Agent:

Bobette Young

**NOTICE:** State law establishes rights and obligations relating to this form. This form is required to comply with various laws in your state. If you have a question about the interpretation of legality of a provision of this form, you may want to seek assistance from a lawyer or other qualified person in your state.

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