2010-008818 Klamath County, Oregon



07/26/2010 08:24:18 AM

Fee: \$52.00

## **Durable Limited Power of Attorney**

## **Effective Immediately**

Notice to Adult Signing this Document: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you are giving another person, your attorney-in-fact, broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. THE POWERS GRANTED UNDER THIS DOCUMENT ARE EFFECTIVE IMMEDIATELY AND WILL REMAIN IN EFFECT IF YOU BECOME DISABLED OR INCAPACITATED. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your durable limited power of attorney, you must complete a new document and revoke this one. You have the right to revoke the designation of the attorney-in-fact and the right to revoke this entire document at any time and in any manner. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document may become invalid. Since some third parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs. Generally, you may designate any competent adult as the attorney-in-fact under this document.

| minule Const.   | Mariell 30                        | wall now the of                   |
|---|-----------------------------------|-----------------------------------|
| City of Max rial                                      | , State of                        | , as Principal,                   |
| (12 softall of saggest of moogen ob                   | or Danish                         | OS. 11.41 CEPPI O                 |
| City of Marsill,                                      | , State of None                   | , as my                           |
| attorney-in-fact to act in my name, place and stead   | in any way which I myself could d | lo, if I were personally present, |
| with respect to the following specific matters to the | extent that I am permitted by law | to act through an agent:          |

This power of attorney shall only become effective immediately and shall remain in full effect upon my disability or incapacitation. This power of attorney grants no power or authority regarding healthcare decisions to my designated attorney-in-fact.

| 1 January so, Warrath to   |
|--|
| City of Alamant follow, State of Many, to be r   |
| successor attorney-in-fact for all purposes hereunder.   |
| My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were person-  |
| ally present with respect only to the matters that I have listed above. My attorney-in-fact accepts this appointment ar  |
| agrees to act in my best interest as he or she considers advisable. To induce any third party to rely upon this power o  |
| attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon su   |
| copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actually a large of such party and the province of such forces of suc |
| notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party  |
| from any and all claims that may arise against such third party by reason of such third party having relied on the   |
| provisions of this power of attorney. This power of attorney may be revoked by me at any time and is automatically   |
| revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-i  |
| fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document,   |
| except for willful misconduct or gross negligence. Revocation of this document is not effective unless a third party   |
| has actual knowledge of such revocation.   |
|  |
| Signature and Declaration of Principal   |
| t,, the principal, sign my name to this power of attorney  |
| this day of and, being first duly sworn, do declare to the   |
| undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or   |
| willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the  |
| power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influ   |
| ence, and that I have read and understand the contents of the notice at the beginning of this document.  |
| $c_{\alpha}$ $b_{\alpha}$ $c_{\alpha}$   |
| Signature of Principal   |
| Signature of Frincipal   |
| Witness Attestation  |
| , the first witness, and I,  |
| the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/sl signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal segipteen years of age or older, of sound mind and under no constraint or undue influence.   |

Signature of Second Witness

Signature of First Witness

| Notary Acknowledgment  |  |  |
|--|--|--|
| State of Ovegon County of Llaman.  |  |  |
| State of Oregon County of Hands.  Subcribed, sworn to and acknowledged before me by Long Harding, the Pand subscribed and sworn to before me by , witness, this 30 | Principal,   |  |
| and subscribed and sworn to before me by, witness, this _20  | oth  |  |
| day of July 2010.  |  |  |
| Lina Kessler   |  |  |
| Notary Signature  OFFICIAL SEAL LISA KESSLER   |  |  |
| Notary Public.   |  |  |
| In and for the County of Klarnath My COMMISSION NO. 13, 2011   |  |  |
| State of Orecon  |  |  |
|  | OFFICIAL SEAL<br>LISA KESSLER<br>OTARY PUBLIC-OREC<br>COMMISSION NO. 415<br>DMMISSION EXPIRES MAR. |  |
| Acknowledgment and Acceptance of Appointment as Attorney-in-Fact   |  |  |
| I, have read the attached power of attorney and a  | um tha   |  |
| person identified as the attorney in-fact for the principal. I hereby acknowledge that I accept my appointment   |  |  |
| torney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall l  |  |  |
| assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a  |  |  |
| full and accurate record of all actions, receipts and disbursements on behalf of the principal.  |  |  |
| and the second second second   |  |  |
| Signature of Atterney-in-Kact Date   |  |  |
| Signature of Attorney-in-Ract Date   |  |  |
|  |  |  |
|  |  |  |
| Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact   |  |  |
| Acknowledgment and Acceptance of Appointment as Successor Actorney in-1 acc  |  |  |
| have read the attached power of attorney and a   | am the   |  |
| person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my ap  |  |  |
| ment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the pow   |  |  |
| attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets  |  |  |
| principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full an  | d accu-  |  |
| rate record of all actions, receipts and disbursements on behalf of the principal.   |  |  |
| mo me mille tille  |  |  |
| Signature of Successor Attorney-in-Fact Date   |  |  |
|  |  |  |

California residents or persons intending that this document be valid in the State of California should use the following California Notary Acknowledgment form:

| California Notary Acknowledgment                        |  |
|---|--|
| State of California                                     |  |
| County of } S.S.  |  |
| On  | _, before me,  |
| (name and title of notary), personally appeared         | , who proved to  |
| me on the basis of satisfactory evidence to be the pers | on(s) whose name(s) is/are subscribed to the within instrument     |
| and acknowledged to me that he/she/they executed the    | e 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. I certify under PENALTY OF PERJUI       | RY under the laws of the State of California that the foregoing    |
| paragraph is true and correct. WITNESS my hand and      | l official seal.   |
|   |  |
|   | (Seal)   |
| Notary Signature .                                      |  |