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12/16/2011 12:43:30 PM

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# General Power of Attorney

Notice: 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 may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (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 WILL NOT EXIST AFTER 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 general power of attorney, you must complete a new document and revoke this one. 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 is invalid. Since some 3rd 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.

I, MARY ELLEN L. WESCOM, of 6640 REDDING ST.,  
 City of KLAMATH FALLS, State of OREGON, as principal, do hereby  
 appoint: MICHAEL A. WESCOM, of 2501 CAPITAL AVE.,  
 City of MEDFORD, State of OREGON, my attorney-in-fact  
 to act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to  
 the following matters to the extent that I am permitted by law to act through an agent:

- ☐ (a) real estate transactions;
- ☐ (b) goods and services transactions;
- ☐ (c) bond, share and commodity transactions;
- ☐ (d) banking transactions;
- ☐ (e) business operating transactions;
- ☐ (f) insurance transactions;
- ☐ (g) estate transactions;
- ☐ (h) claims and litigation;
- ☐ (i) personal relationships and affairs;
- ☐ (j) benefits from military service;
- ☐ (k) records, reports and statements;
- ☐ (l) retirement benefit transactions;
- ☐ (m) making gifts to my spouse, children and more remote descendants, and parents;

\_\_\_\_\_ (n) tax matters;

\_\_\_\_\_ (o) all other matters;

\_\_\_\_\_ (p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select;

~~WEL~~ (q) unlimited power and authority to act in all of the above situations (a) through (p)

If the attorney-in-fact named above is unable or unwilling to serve, I appoint N/A,  
of N/A, City of N/A, State of  
N/A, to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual 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 shall not be effective in the event of my future disability or incapacity. 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-in-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.

Dated: 12/15/11

#### Signature and Declaration of Principal

I, MARY ELLEN L. WESCOM, the principal, sign my name to this power of attorney this 15 day of DECEMBER, 2011 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 influence.

Mary Ellen L. Wescom  
Signature of Principal

#### Witness Attestation

I, Julie Toney, the first witness, and I, Glenda Lundberg, 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/she 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 is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Julie Toney  
Signature of First Witness

Glenda Lundberg  
Signature of Second Witness

**Notary Acknowledgment**

State of Oregon County of Klamath  
Subscribed, sworn to and acknowledged before me by Mary Ellen Wescom, the Principal,  
and subscribed and sworn to before me by \_\_\_\_\_, witness, this 15  
day of December 2011.

Linda L. Terry  
Notary Signature



Notary Public,

In and for the County of Klamath  
State of Oregon

My commission expires: 7/9/13

Seal

**Acknowledgment and Acceptance of Appointment as Attorney-in-Fact**

I, MICHAEL A. WESCOM have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the 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.

Michael A. Wescom  
Signature of Attorney-in-Fact

12/15/11  
Date

**Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact**

I, N/A have read the attached power of attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the 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.

N/A  
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 person(s) whose name(s) is/are subscribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Witness my hand and official seal.

\_\_\_\_\_  
Notary Signature

Seal