2012-005710 Klamath County, Oregon



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Fee: \$52.00

★NOVA General POA Pg.1 (01-09)

General Power of Attorney

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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 INCAPACI-TATED. 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.

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I, debra C. partley, of CIO Front	<u>) [</u>
City of Klamath Falls, State of OR	, as principal, do hereby
appoint: Joseph J. Hartley, of 6/6 Front	<u>5Y. </u>
City of Klariath Falls, State of OR	, 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	· •

	i	
(n) tax matters;		
(o) all other matters;		
(p) full and unqualified a person or persons whom my atto	nuthority to my attorney-in-fact to delegate any or all of the foregoing powers to aromey-in-fact shall select;	ıy
(q) unlimited power and	authority to act in all of the above situations (a) through (p)	
If the attorney in fact named abo	svo is unable on unavilling to some I amonint	
	ove is unable or unwilling to serve, I appoint csepn Hartley	
of lile Front St	, City of Klamath Falls , State	e of
oregon	, to be my attorney-in-fact for all purposes hereunder.	
facsimile of this power of attorned ney shall be ineffective as to such have been received by such third agree to indemnify and hold hard party by reason of such third part. This power of attorney shall not ney may be revoked by me at any be compensated for his or her ser	upon this power of attorney, I agree that any third party receiving a signed copy of any rely upon such copy, and that revocation or termination of this power of attempts the third party until actual notice or knowledge of such revocation or termination shaparty. I, for myself and for my heirs, executors, legal representatives and assigns, nless any such third party from any and all claims that may arise against such third party from any and all claims that may arise against such third party from any and all claims that may arise against such third party from any and all claims that may arise against such third ty having relied on the provisions of this power of attorney. This power of attorney time and is automatically revoked upon my death. My attorney-in-fact shall not revices nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or	tor- all d
assigns for acting or refraining fr	om acting under this document, except for willful misconduct or gross negligence	
_ ,		
Signature and Declaration of P	rincipal	
	, the principal, sign my name to this power of attorned	
this 25 day of May	and, being first duly sworn, do declare to the undersign	ned
	this instrument as my power of attorney and that I sign it willingly, or willingly din	
	cute it as my free and voluntary act for the purposes expressed in the power of atto	T-
ney and that I am eighteen years	of age or older, of sound mind and under no constraint or undue influence.	
Debra Hartry		
Signature of Principal		
Witness Attestation		
I, DORI PACE	, the first witness, and I, Lily Kroege R	
the second witness, sign my nam	e to the foregoing power of attorney being first duly sworn and do declare to the	
	ncipal signs and executes this instrument as his/her power of attorney and that he/	she
	ects another to sign for him/her, and that I, in the presence and hearing of the princ	
	s witness to the principal's signing and that to the best of my knowledge the princi	
	of sound mind and under no constraint or undue influence.	•
Asita		
Signature of First Witness	7000	_

Notary Acknowledgment	./1
State of Accounty of County of _	Klawath
Subcribed, sworn to and acknowledged before me by	Placa C. Hawtley, the Principal
and subscribed and sworn to before me by Doci vac	e + hily Kroeges, witness, this 25
day of MaY .	ζ ,
Notary Signature Notary Public, In and for the County of Klamath	OFFICIAL SEAL. KARI L. NELSON NOTARY PUBLIC-OREGON COMMISSION NO. 446935 MY COMMISSION EXPIRES MARCH 07, 2014
State of <u>Oregon</u> My commission expires: 3/7/2014	
My commission expires: 3/7/2014	Seal
person identified as the attorney-in-fact for the principal. I he torney-in-Fact and that when I act as agent I shall exercise to assets of the principal separate from my assets; I shall exercise full and accurate record of all actions, receipts and disburse that the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of the principal separate from my assets; I shall exercise the state of t	the powers for the benefit of the principal; I shall keep the cise reasonable caution and prudence; and I shall keep a
Acknowledgment and Acceptance of Appointment as Su	accessor Attorney-in-Fact
person identified as the successor attorney-in-fact for the priment as Successor Attorney-in-Fact and that, in the absence attorney, when I act as agent I shall exercise the powers for principal separate from my assets; I shall exercise reasonab rate record of all actions, receipts and disbursements on behavior	e of a specific provision to the contrary in the power of the benefit of the principal; I shall keep the assets of the ole caution and prudence; and I shall keep a full and accu-
Signature of Successor Attorney-in-Fact D	rate

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	
instrument and acknowledged to me that they/he/she executed the instrument certify under penalty of perjury under the laws of the State of California that	- -
my hand and official seal.	the foregoing is the and correct. Withess
Sea	1
Notary Signature	: