

WTC 94828-DS
When recorded mail to:

Tracy A. Loudermilk
5955 Lake Labish Rd., NE
Salem, OR 97305

2012-011105
Klamath County, Oregon
10/05/2012 02:56:03 PM
Fee: \$57.00

DURABLE POWER OF ATTORNEY

I, Kathryn D. Frink, of Salem, Oregon, appoint my daughter, Tracy A. Loudermilk, as my Agent and attorney-in-fact ("my Agent") with power and authority to:

1. **Support.** Make expenditures for my health, education, support, maintenance, and general welfare.
2. **Managing and Disposing of Assets.** Take possession of, retain, change the form of, manage, maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of any of my real or personal property, including my present residence, or any other interest in property described on the attached Exhibit A, in any manner and on any terms my Agent considers to be in my best interests. No compensation may be paid to my agent that would require my agent to be licensed under Oregon Revised Statutes chapter 696 or other applicable law pertaining to professional real estate activity.
3. **Checks and Notes.** Receive, endorse, sign, sell, discount, deliver, and deposit checks, drafts, notes, and negotiable or nonnegotiable instruments, including any drawn on the Treasury of the United States or the State of Oregon or any other state or governmental entity.
4. **Financial Institutions.** Enter into any transaction with and contract for any services rendered by a financial institution, including continuing, modifying, or terminating existing accounts; opening new accounts; drawing, endorsing, or depositing checks, drafts, and other negotiable instruments; acquiring and transferring certificates of deposit; withdrawing funds and deposit instruments; withdrawing funds deposited in my name alone or in my name and the name of any other person or persons; and providing or receiving financial statements. "Financial institutions" means banks, trust companies, savings banks, commercial banks, savings and loan associations, credit unions, loan companies, thrift institutions, mutual fund companies, investment advisors, brokerage firms, and other similar institutions.
5. **Investments and Securities Transactions.** Invest and reinvest in common or preferred stocks, bonds, mutual funds, common trust funds, money market accounts, secured and unsecured obligations, mortgages, and other real or personal property; engage in investment transactions with any financial institution; and hold my securities in the name of my Agent's nominee or in unregistered form.
6. **Insurance and Annuity Contracts.** Purchase, maintain, modify, renew, convert, exchange, borrow against, surrender, cancel, and collect or select payment options under any insurance or annuity contract. This power shall not extend to any insurance I own on the life of my Agent. Any receipt, release, or other instrument executed by my Agent in connection with any insurance or annuity contract shall be binding and conclusive upon all persons.
7. **Voting.** Appear and vote for me in person or by proxy at any corporate or other meeting.

8. **Retirement Plans.** Establish, modify, contribute to, select payment options under, make elections under, receive payments from, make rollovers to, and take any other steps I might take with respect to IRA accounts and other retirement plans.

9. **Credit Cards.** Cancel or continue my credit cards and charge accounts, use my credit cards to make purchases, and sign charge slips on my behalf.

10. **Collections.** Demand and collect any money or property owed to me and give a receipt or discharge for the money or property collected.

11. **Debts.** Pay my debts and other obligations.

12. **Litigation.** Sue upon, defend, compromise, or submit to arbitration any controversies in which I may be interested; and act in my name in connection with any complaint, proceeding, or suit.

13. **Taxes and Assessments.** Do the following with respect to the years 2008 through 2050: pay any tax or assessment; appear for and represent me, in person or by attorney, in all tax matters; execute any power of attorney forms required by the Internal Revenue Service, the Oregon Department of Revenue, or any other taxing authority; receive confidential information from any taxing authority; prepare, sign, and file federal, state, and local tax returns and reports for all tax matters, including income, gift, estate, inheritance, generation-skipping, sales, business, FICA, payroll, and property tax matters; execute waivers, including waivers of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of a claim for credit or refund; execute consents, closing agreements, and other documents related to my tax liability; make any elections available under federal or state tax law; and delegate authority or substitute another representative with respect to all matters described in this paragraph.

14. **Borrowing.** Borrow in any manner and on any terms my Agent considers to be in my best interests, and give security for repayment.

15. **Government Benefits.** Perform any act necessary or desirable (including acting as representative payee) in order for me to qualify for and receive all types of government benefits, including Medicare, Medicaid, Social Security, veterans', and workers' compensation benefits. The power granted under this paragraph shall include, but is not limited to: (1) dispose of any property or interest in property by any means (including making gifts or establishing and funding trusts); (2) name or change beneficiaries under insurance policies, pay-on-death arrangements, retirement plans and accounts, and any other assets; (3) convert joint assets into sole ownership of the other joint tenant, and also liquidate any jointly held assets and direct the investment holder to distribute the assets to only one of the joint owners; and (4) make gifts of separately or jointly held property. However, upon my incapacity, and prior to exercising these powers, I direct my agent to consult with an Elder Law Attorney who can guide my agent in the exercise of these powers.

16. **Agent Compensation.** This power includes the authority to pay my Agent, for my Agent's own services under this Power of Attorney, at the current fair market rates, for the services my agent provides.

17. **Assistance in Home.** Use my funds and property to pay for care and services that I may need in order to remain in my own home in the event that I require long term care. I express my strong desire to remain in my home rather than being placed in a nursing home or other care facility. This power to pay for care and services includes the authority to pay my Agent, family members and/or friends who provide in home care or services for me or who arrange for or manage care and services for me at the current fair market rates for the services they provide.

18. **Long Term Care Outside The Home.** Use my funds and property to contract and pay for long term care outside of my home if my Agent determines that I cannot receive the services that I may need in my home.

19. **Gifts.** Make gifts and consent to gifts on my behalf, whether outright, in trust, or in custodianship. I instruct my representative to consult with an Elder Law attorney prior to any transfer or gifting. Gifts made under this paragraph may be in any amount as long as such gifts are consistent with my existing estate plan, POD and Beneficiary forms, to the extent reasonably possible. I understand that this power to make gifts creates a conflict of interest for my Agent and, in order to encourage the exercise of this power, I expressly waive any claims against my Agent relating to the exercise of said power.

20. **Trusts.** Establish a new revocable or irrevocable trust, or amend or terminate an existing trust, and transfer any real or personal property, including the right to receive income, to said trust, provided that the income is payable during my lifetime solely to me and that the trust is consistent with any existing estate plan to the extent reasonably possible.

21. **Health Care.** My Agent shall have the right to receive and review medical records, to consent to re-disclosure of such records, to consent to or withhold medical treatment, to consent to or direct my admission to or retention in a health care facility for medical care or treatment for any time period during which my Agent is acting under this power of attorney. I expressly waive any physician-patient privilege or other privilege which otherwise would protect me against the disclosure of confidential information and authorize the release of any requested medical information to my Agent or my Agent's designee. It is my intent that this authorization be deemed to satisfy any HIPAA Privacy Regulations and I waive any irregularities as to form or content. I understand that I may revoke this authorization at any time.

22. **Disclaimer.** Disclaim any property, interest in property, or power to which I may be entitled; and take all steps required to make the disclaimer effective under state and federal laws, including Section 2518 of the Internal Revenue Code or any successor statute. In deciding whether to disclaim, my Agent shall consider the effect of disclaimer on taxes that may be payable, on qualification for government benefits, and on my existing estate plan.

23. **Fiduciary Positions.** Resign from or renounce on my behalf fiduciary positions, including personal representative, trustee, conservator, guardian, attorney-in-fact, and officer or director of a corporation; and discharge me from further responsibility by filing accountings with a court or settling by formal or informal methods.

24. **Safe Deposit Box.** Have access to and make deposits to or withdrawals from any safe deposit box rented in my name alone or in my name and the name of any other person or persons.

25. **Mail.** Redirect my mail.

26. **Custody of Documents.** Take custody of important documents, including any Will, trust agreements, deeds, life insurance policies, and contracts.

27. **Employees and Advisors.** Employ, compensate, and discharge attorneys, accountants, investment advisors, property managers, custodians, physicians, dentists, nurses, household help, and others to render services to me or for my benefit.

28. **Pets.** If I am unable to care for any pets that I own due to disability, I authorize my agent to arrange for the care and/or adoption of any pets that I may own. My agent may also make end-of-life decisions for my pets, including euthanasia, based on my pet's quality of life, pain and suffering, and chances of meaningful recovery.

29. **Nomination of Guardian and Conservator.** To the extent permitted by state law, I nominate my agent to act as my guardian and conservator if I become incapacitated.

30. **Alternate Agent.** If my daughter, Tracy A. Loudermilk, is unable or unwilling to act as my agent, I appoint my son-in-law, Daniel D. Loudermilk, as my alternate Agent and attorney-in-fact. An alternate agent may act during any period when my Agent is temporarily unable to act. The term "my Agent" in this power of attorney shall include any alternate agent who is authorized to act under this paragraph.

31. **Delegation.** Any agent may delegate any powers to another agent, including any alternate agent, at any time.

32. **Waiver of Privileges.** To waive any attorney-client, physician-patient, or other professional privilege which would otherwise protect me against the disclosure of confidential information, in order to obtain information from the professional.

33. **General Authority.** To do and perform all and every act and thing necessary or desirable to conduct, manage and control my property, wheresoever situated, and whether now owned or hereafter acquired, as my Agent may deem for my best interests and to execute and acknowledge any and all instruments necessary or proper to carry out the foregoing powers, hereby releasing all third persons from responsibility for my Agent's acts and omissions and I empower my Agent to indemnify all such persons against loss, expense and liability.

34. **Perform Other Acts to Carry Out the Powers Granted.** Execute and deliver any written instrument and perform any other act necessary or desirable to carry out any of the powers granted under this power of attorney, as fully as I might do personally. I ratify and confirm all acts performed pursuant to this power of attorney.

35. **Third Party Reliance.** Third parties who rely in good faith on the authority of my Agent under this power of attorney shall not be liable to me, to my estate, or to my heirs, successors, or assigns. Third parties without actual notice of revocation may conclusively rely on the continued validity of this power of attorney. If requested, my Agent shall furnish, and a third party may conclusively rely on, an affidavit or certificate stating that (1) I was competent at the time this power of attorney was executed, (2) the power of attorney has not been revoked, (3) my Agent continues to serve as attorney-in-fact under the power of attorney, and (4) my Agent is acting within the scope of authority granted under the power of attorney. My Agent may sue or pursue other action against any third party who refuses to honor this power of attorney after such an affidavit or certificate has been provided.

36. **Missing.** If I am determined missing without a determination of death, then my agent shall continue to operate under the terms of this durable power of attorney until I am determined to be dead by the appropriate authorities.

37. **Durability.** The powers granted to my Agent under this power of attorney shall continue to be exercisable even though I have become disabled or incompetent.

38. **Revocation.** I hereby revoke all previous Powers of Attorney to whomever granted.

39. **Governing Law.** The validity and construction of this power of attorney shall be determined under Oregon law.

I have signed this power of attorney this 3rd day of April, 2012.

Kathryn D. Frink
Kathryn D. Frink

STATE OF OREGON)
) ss.
County of Marion)

On this 3rd day of April, 2012, before me personally appeared Kathryn D. Frink and acknowledged to me that she executed this power of attorney freely and voluntarily.

Cat M Belcher
Notary Public for Oregon
My Commission Expires: 11/20/2015

