2013-012021 Klamath County, Oregon



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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 vou 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. This form must be signed by the Principal (the person appointing the attorney-in-fact), witnessed by two persons other than the notary public, and acknowledged by a notary public.

I, Robert Lee Andersol, SR. , of 3302	Derby St.,
	, as principal, to grant a general power of
attorney to, do hereby appoint: <u>(6) Mison</u> S. Anderson	of 4910 Haussler Rd.
Kelse WA 98626	
my attorney-in-fact to act in my name, place and stead in any way which l	I myself could do, if I were personally pres-
ent, with respect to the following matters to the extent that I am permitted	by law to act through an agent. The powers
chosen below shall have the full force and effect given to them by their fu	ll enumeration as laid out in the text of the
Power of Attorney Act of the laws of the State of	•
(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;
(1) 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;
(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 Bonney T Anderson
of 496 Hayssier Ray, Helso, WA 98626
of the feet still warmen beautiful
to be my attorney-in-fact for all purposes hereunder.
ney 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: 10/24/13 Signature and Declaration of Principal
I, Robert hee Apacesson, SR, , the principal, sign my name to this power of attorney
I, Robert hee Apacesson, SR, the principal, sign my name to this power of attorney thisday of and, being first duly sworn, do declare to the undersigne
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 attor-
ney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.
Signature of Principal
Signature of Principal
Witness Attestation
I,, 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 princi-
pal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal

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 within instrument
and acknowledged to me that he/she/they executed the sa	ame 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 PERJURY	under the laws of the State of California that the foregoing
paragraph is true and correct. WITNESS my hand and o	fficial seal.
	_ (Seal)
Notary Signature	

is eighteen years of age or older, of sound mir	nd and under no constraint or undue influence.
Signature of First Witness	Signature of Second Witness
Notary Acknowledgment	
State of CAECAN	County of AMNH/11  e me by Kobert LEE ANDERSON, the Principal,
Subcribed, sworn to and acknowledged before	e me by Nobel Ket MNDE KSWy, the Principal,
and subscribed and sworn to before me by	, the witnesses, this 24 day of Wto her 2013.
	, the witnesses, this 14 day of Who her 2011.
Seven Coatre	
Notary Signature	
Notary Public,	OFFICIAL SEAL
In and for the County of Dlancal	SUSAN M. COSTIC NOTARY PUBLIC-OREGON
State of APF GON	COMMISSION NO. 446650 MY COMMISSION EXPIRES FEBRUARY 15, 2014
In and for the County of State	Seal
wiy commission expires.	
Attorney-in-Fact and that when I act as agent the assets of the principal separate from my as	have read the attached power of attorney and am the e principal. I hereby acknowledge that I accept my appointment as I shall exercise the powers for the benefit of the principal; I shall keep ssets; I shall exercise reasonable caution and prudence; and I shall keep and disbursements on behalf of the principal.
Signature of Attorney-in-Fact	Date
Acknowledgment and Acceptance of Appoi	ntment as Successor Attorney-in-Fact
Ι,	have read the attached power of attorney and am the
- · · · · · · · · · · · · · · · · · · ·	fact for the principal. I hereby acknowledge that I accept my appoint-
	in the absence of a specific provision to the contrary in the power of
· ·	he powers for the benefit of the principal; I shall keep the assets of the
rate record of all actions, receipts and disburs	rcise reasonable caution and prudence; and I shall keep a full and accuements on behalf of the principal.
Tate record of all actions, recorpts and disours	2
0: 4 60	D.
Signature of Successor Attorney-in-Fact	Date