

1st 2250817 LW  
**RECORDING COVER SHEET**

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IN THE INSTRUMENT ITSELF.

**2014-005387**

**Klamath County, Oregon**

**05/20/2014 11:03:53 AM**

**Fee: \$77.00**

**After Recording Return To:**

**First American Title  
404 Main St Ste 1  
Klamath Falls OR 97601**

- 1. Name(s) of the Transaction(s):**  
**Power of Attorney with Disability Planning**
- 2. Direct Party (Grantor):**  
**Clarence A. Job**
- 3. Indirect Party (Grantee):**  
**Barbara J. Job/Gerald D. Job**
- 4. True and Actual Consideration Paid:**
- 5. Deed Reference:**

**THIS DEED IS BEING RE-RECORDED TO CORRECT**

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## POWER OF ATTORNEY WITH DISABILITY PLANNING

I, CLARENCE A. JOB do hereby make, constitute, and appoint BARBARA J. JOB as my agent and attorney-in-fact. In the event she is unable, unwilling or declines to act for me, I name GERALD D. JOB as my agent and attorney-in-fact. This Power of Attorney will be effective only in the event of my disability or incompetency. In making a determination as to whether or not I am disabled or incompetent, it is my intention that disability would exist when I am unable to manage my property and affairs effectively for reasons which include, but not be limited to, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance. This disability must be evidenced by a written statement from my attending physician which indicates that, in my attending physician's opinion, I presently lack the ability to make and communicate business management decisions to those who would be involved in the implementation of them or, alternatively, that I lack the ability to evaluate information which is presented to me, which information is necessary in order to make those business management decisions. Pursuant to ORS 192.522, as amended, I hereby authorize my Health Care Provider or my attending physician to use and disclose my health Information that relates to my present and/or future physical or mental Health or condition for the purposes of determining my disability or incapacity as those terms are defined herein. The recipient of this Health Information shall be my nominated attorney-in-fact or alternate, as applicable, as set forth herein. If the information to be disclosed contains any of the types of records or information concerning HIV/AIDS information, mental health information and drug and alcohol

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Power of  
Attorney

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diagnosis and treatment information, I understand and agree that this Health Information will also be disclosed if necessary to determine my incapacity or disability. I understand that the information to be used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information and drug and alcohol diagnosis and treatment information. I understand that I do not need to give this authorization and that failing to do so will not adversely affect my ability to receive services or reimbursement for services. I also understand that I may revoke this power of attorney and Health Information authorization at anytime. This authorization to use and disclose Health Information shall continue until this power attorney is revoked.

Incompetency may also be established by a finding of a court having the jurisdiction to make that determination. If the agent and attorney-in-fact is then required to act, I give the agent and attorney-in-fact the power and authority:

1. To take possession of, manage, administer, operate, maintain, improve, and control all my property, real or personal, to insure and keep the same insured and to pay any and all taxes, charges, and assessments that may be levied or imposed upon any such property. In dealing with real property, my agent may not receive any compensation that would require my agent to be licensed under ORS, Chapter 696 or other applicable law.

2. To collect and receive any money, property, debts, or claims whatsoever, as are now or shall hereafter become due, owing, and payable or belonging to me, or to forgive and discharge any of the same.

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3. To make expenditures for my care, maintenance, support, and general welfare, and to distribute such sums as are necessary for the care, support, and maintenance of members of my family who are dependent upon me for support.

4. To retain any property which comes into the possession of my attorney-in-fact in the form in which it was received and to make investments and changes of investments in such securities, including common and preferred stocks of corporations, or other property, real or personal, as my attorney-in-fact may deem prudent.

5. To pay my debts and other obligations.

6. To sue upon, defend, compromise, submit to arbitration, or adjust any controversies in which I may be interested, and to act in my name in any complaints, proceedings, or suits with all the powers I would possess if personally present and under no legal disability.

7. To bargain for, buy, and deal in property and goods of every description.

8. To convey, grant, sell, mortgage, pledge, consign, lease, hypothecate, and in any and every manner deal in and with my property, both real and personal.

9. To advance my said attorney-in-fact's own funds on my behalf and to borrow any sums of money on such terms and at such rates of interest as to my said attorney-in-fact may seem proper and to give security for the repayment of the same.

10. To make and deliver any deeds, conveyances, contracts, covenants, and other instruments, undertakings, or agreements, either orally or in writing, of whatever kind and nature, including the right to supply the legal description of any real property involved in any of the foregoing documents, which my said attorney-in-fact in my attorney-in-fact's discretion shall deem to be for my best interests.

11. To sign, endorse, sell, discount, deliver, and/or deposit checks, drafts, notes, and negotiable or nonnegotiable instruments, including any payments to me drawn on the Treasury of the United States or the state of Oregon or any other state or governmental entity, and to accept drafts.

12. To appear and vote for me in person or as my proxy at any corporate or other meeting.

13. To have access to any safe deposit box which has been rented in my name, or in the name of myself and any other person or persons.

14. To do and perform every act necessary or desirable and to serve as representative payee with respect to rights and entitlement for my benefit and the benefit of my spouse from Social Security, Medicare, and military service.

15. To make investments and changes of investments in such income bearing securities, including common and preferred stocks of corporations, or other property, real or personal, as my said attorney-in-fact in its discretion may deem prudent, and to hold my securities in the name of its nominee or unregistered in such form that transfer thereof may be effected by delivery.

16. To withdraw any monies deposited with any bank, mutual savings bank, credit union, savings and loan association, mutual fund, money market account, investment advisor, or broker in my name or in the name of myself and any other person or persons and generally to do any business with any such financial institution or agency on my behalf.

17. To appoint and substitute any agents or attorneys-in-fact for any or all of the purposes stated herein, and to revoke their authority.

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18. To sign tax returns on my behalf, and to represent me, or obtain representation for me, at any proceeding involving taxing authorities, including any tax audit or collection action.

19. To act on my behalf in dealing with my pension and retirement plans, including the power to make IRA contributions, IRA roll overs, voluntary contributions, borrow from any retirement plan, elect or select pay out options, and take any other steps which I might take on my own behalf with regard to my retirement and/or IRA/pension plans.

20. Where the holder of this Power of Attorney is my spouse, to convert joint assets into sole ownership of the other joint tenant, and also to liquidate any jointly held assets and to direct the investment holder to make the check to liquidate the distribution to the benefit of only one of the joint owners.

21. To redirect my mail.

22. To cancel or continue my credit cards and/or any credit or charge accounts.

23. To take custody of my Will, deeds, life insurance policies, contracts, securities, or other important papers.

24. To reform any estate planning documents, other than Wills, if they prove to be defective after incompetency.

25. To make any decisions which the holder of the power may, in his or her own discretion, determine necessary for disposing of or transferring my property in order to effect the best result possible for my entitlement to public services or benefits.

26. Where the holder of this Power of Attorney is my spouse, I authorize my attorney-in-fact to make gifts to my attorney-in-fact, and to arrange for transfers or jointly held property of mine to my attorney-in-fact's name alone, and when the power holder is acting in this way, I authorize the holder to "self-deal" in this manner with my assets with my full prior approval and without any prohibition against self-dealing.

27. To annually gift to my spouse, or any of my lineal descendants (whether then acting as attorney-in-fact or not, as I authorize self-dealing in this instance), in such portions as my attorney-in-fact may deem proper, any real or personal property, whether tangible or intangible, of which I may now or hereby may be possessed or in which I own any right, title, or interest, up to the maximum amount that can be given to a donee each year, provided, however, that such gift be of a present interest so that the gift qualifies for the federal annual gift tax exclusion. Further, my attorney-in-fact may consent to the treatment of gifts made by me or my spouse as gifts made one-half by each of us.

I authorize my said attorney-in-fact for me and in my name generally to do and perform all and every act and thing whatsoever requisite, desirable, or necessary to be done in the premises, to conduct, manage, and control all my business and my property, wheresoever situated and whether now owned or hereafter acquired, as my attorney-in-fact 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 and saving harmless all third persons from responsibility for the acts and omissions of my said attorney-in-fact and empowering my said attorney-in-fact to indemnify all such persons against loss, expense, and liability. Third persons may rely

upon the continued validity of this Power of Attorney until receiving actual knowledge of its revocation.

I expressly declare that I am familiar with the provisions of ORS 127.005 and that the powers of my attorney-in-fact herein-described shall be exercisable by my said attorney-in-fact on my behalf notwithstanding that I may become legally disabled or incompetent.

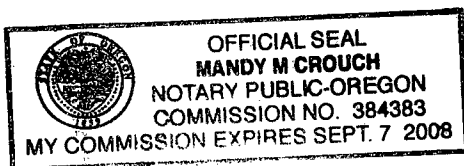
All questions pertaining to validity, interpretation, and administration of this power shall be determined in accordance with the laws of Oregon.

IN WITNESS WHEREOF, I have hereunto set my hand this 9<sup>th</sup> day of May, 2007.

  
CLARENCE A. JOB

STATE OF OREGON       )  
                                  ) ss.  
County of Deschutes    )

Personally appeared before me the above-named CLARENCE A. JOB this 9<sup>th</sup> day of May, 2007, and acknowledged the foregoing instrument to be his voluntary act and deed.



  
Notary Public for Oregon

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