

After recording, mail to:

Melvin D. Ferguson
Attorney at Law
514 Walnut Avenue
Klamath Falls, Oregon 97601



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06/10/2014 11:35:56 AM

Fee: \$102.00

QUITCLAIM DEED

Donald K. BrOwn, Grantor, releases and quitclaims to Rachel E. Hester and Raymond James Trust, N.A., Trustees of the BrOwn Survivor's Trust dated May 18, 1995, the following described real property located in Klamath County, Oregon, to-wit:

Government Lots 3 and 4 on the South 1/2 of Northwest one quarter of
Section 1 Township 33 South Range 13 East of the Willamette
Meridian, Klamath County, Oregon

Property ID: R174983
Map Tax Lot: R-3313-00000-00300-000

Subject to and excepting reservations, restrictions, easements, and rights of way of record and those apparent upon the land.

There is no true and actual consideration for this conveyance, it is done for the purposes of estate planning.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO

195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

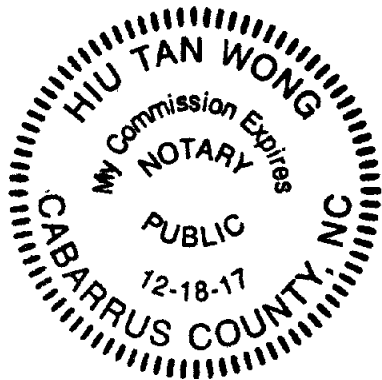
Dated this 24 day of May, 2014.

GRANTOR

Rachel E Hester POA
Donald K. BrOwn by
Rachel E. Hester, POA

STATE OF NORTH CAROLINA)
) ss.
County of Cabarrus)

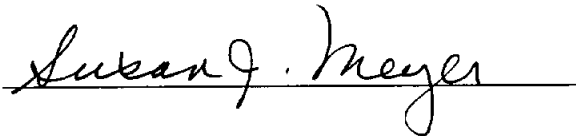
This instrument was acknowledged before me on May 24th, 2014, by Rachel E. Hester.

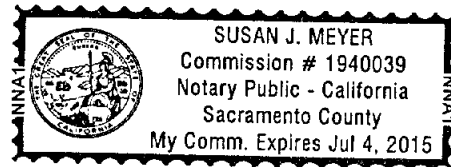


Ilia Tan H.
Notary Public - State of North Carolina
My commission expires: Dec 18th, 2017

State of California }
County of Sacramento }

I Susan J. Meyer, Notary Public, certify that on March 13, 2014, I examined the original Uniform Statutory Form Power Of Attorney and the copy of the Uniform Statutory Form Power Of Attorney. I further certify that the copy is a true and correct copy of the original Uniform Statutory Form Power Of Attorney.





UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code § 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, DONALD K. BROWN 4521 Fair Oaks Blvd., Sacramento, CA 95864

(your name and address)

appoint **RACHEL E. HESTER 8540 Shenandoah Run, Wesley Chapel, FL 33544 and RAYMOND JAMES TRUST, N.A.**

(name and address of the person appointed, or of each person appointed if you want to designate more than one)

as my co-agents (attorneys-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (G) Insurance and annuity transactions.
- _____ (H) Estate, trust, and other beneficiary transactions.
- _____ (I) Claims and litigation.
- _____ (J) Personal and family maintenance.
- _____ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.
- _____ (L) Retirement plan transactions.
- _____ (M) Tax matters.
- DKB (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS
LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

- * Should either agent fail to qualify or cease to serve, the other shall serve as sole successor agent. In such case, one of the following documents shall be attached to this durable power of attorney: a resignation or declination to serve signed by the original agent; a written, signed and dated instrument from a board-certified physician or psychiatrist that the original agent is physically or mentally incapable of serving; a certified court order as to the incapacity or inability of the original agent to serve; or a certified death certificate of the original agent. Third parties who deal with the successor agent shall be entitled to rely on the original power of attorney instrument with any such document attached.

- * This Durable Power of Attorney shall become effective only on the incapacity of the undersigned principal. The undersigned shall conclusively be deemed incapacitated for purposes of this instrument when the agent receives a written, dated and signed instrument from two board-certified physicians or psychiatrists authorized to practice medicine in the state of principal's residence that the principal is physically or mentally incapable of handling the principal's affairs in a sensible and efficient manner, and the principal's interests would be best served by said agent acting as such under this Durable Power of Attorney. Such written opinions when received shall be attached to this instrument. Third parties may rely on the agent's authority without further evidence of incapacity when this instrument is presented with such physicians' statements attached. No board-certified physician or psychiatrist who executes a medical opinion of incapacity shall be subject to liability because of such execution. The principal hereby waives any privilege that may apply to release of information included in such medical opinion.

- * The undersigned principal shall conclusively be presumed to have been restored to capacity when the agent receives a written, dated and signed instrument from two board-certified physicians or psychiatrists that in their opinion, the principal is physically or mentally capable of handling the principal's affairs in a sensible and efficient manner. In that case, the effective date of restoration to capacity shall be the earlier of the date of receipt of such declarations by the agent, or the date that this durable power of attorney with all of the relevant declarations is recorded in the principal's county of residence or the county where real property affected by this durable power of attorney is located. Such declarations, when received, shall be attached to the original durable power of attorney and the original declarations that determined the principal to be incapacitated; thereafter, all copies of this durable power of attorney shall include copies of all of the declarations. The principal hereby waives any privilege that may apply to the release of information included in such declarations. Alternatively, the principal shall be considered to have been restored to capacity when a court of competent jurisdiction finds the principal no longer incapacitated. The effective date of restoration to capacity in this case shall be the earlier of the date such order is delivered to the agent or is recorded in the principal's county of residence or the county where real property affected by the power of attorney is located.

- * I give my agent the additional powers listed on Attachment 1.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS
EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

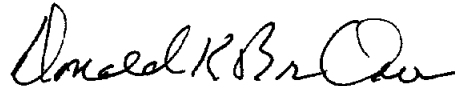
**EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act jointly.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Dated January 28, 2008



(your signature)

(your social security number)

State of California

County of Sacramento

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

**CERTIFICATE OF ACKNOWLEDGMENT OF
NOTARY PUBLIC**

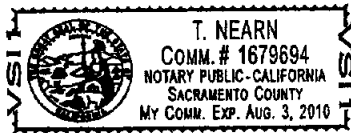
State Of California)
) ss.
County Of Sacramento)

On January 28, 2008, before me, T. Nearn, a Notary Public, personally appeared DONALD K. BROWN, 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 same 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 official seal.





Attachment 1 to Uniform Statutory Power of Attorney

ADDITIONAL POWERS

Subject always to my agent's fiduciary duties, notwithstanding other provisions of law, my agent shall also have the following specific powers in addition to others granted herein:

1. To sign my name to transfer title to assets into, or to designate as a beneficiary of any property, benefit, or contract right payable on my death, the name of the Trustee(s) of the BROWN SURVIVOR'S TRUST dated May 18, 1995 as amended from time to time (hereinafter the 'Trust').
2. To make gifts which:
 - (a) Are consistent with my pattern of lifetime giving or are made to the persons to whom the assets being gifted would pass at my death; and
 - (b) Will not reduce my standard of living; and
 - (c) Are either proper for estate tax reduction purposes, or are reasonably planned to assist in qualifying me for Medi-Cal (Medicaid) or other benefits which my agent believes to be in my best interests to secure.

For this purpose, my agent may withdraw cash or property from any trust, partnership or other assets to which I have access, and thereafter make such gifts as meet the recited standards, including a gift within the recited standards to my agent named in this document. My agent may pay any gift tax that may arise by reason of gifts made pursuant to this power of attorney.

Notwithstanding any other provision of this Paragraph 2, if my agent makes gifts to any of the beneficiaries of the Trust, such gifts must be made as though the gift were distributed under the terms of the Trust at my death; my agent may not make a gift to that agent in excess of the greater of Five Thousand Dollars (\$5,000.00) or five percent (5%) of my estate available for gifting in any calendar year; and my agent may not use my assets to discharge legal obligations of my agent except for support of those dependents for whom both my agent and I owe a duty of support.

3. To create a revocable living trust, the dispositive provisions of which are essentially parallel to my most recent estate plan or, if I have no valid will or other estate plan, are essentially parallel to the laws of intestacy of my state of domicile.
4. To amend the Trust as follows:
 - (a) To appoint a Trustee, other than that agent or any Related or Subordinate Party to that agent (as that term is defined in the Trust), if all named Trustees fail to qualify or cease or decline to serve as Trustee. The power to appoint a Trustee is limited as provided in this durable power of attorney and the Trust, and is not intended to create a general power of appointment.
 - (b) To change tax-related provisions of the Trust so long as there are no changes to dispositive provisions and no additional restrictions imposed on Trustee's ability to make distributions.

5. To exercise my right to make a disclaimer.
6. To open accounts in the name of the Trust.
7. To manage my annuities, self-directed retirement plans and individual retirement accounts as follows:
 - (a) To open and maintain annuities, self-directed retirement plans and individual retirement accounts.
 - (b) To hire, fire, and delegate powers to investment managers for annuities, self-directed retirement plans and individual retirement accounts.
 - (c) To designate beneficiaries of annuities, self-directed retirement plans and individual retirement accounts that are essentially parallel to my most recent estate plan.
 - (d) To select or change payment options for annuities, self-directed retirement plans and individual retirement accounts.
 - (e) To apply for and make distribution elections for annuities, self-directed retirement plans and individual retirement accounts.
 - (f) To make deposits to annuities, self-directed retirement plans and individual retirement accounts.
8. To refinance or encumber property, and in connection therewith to do any or all of the following:
 - (a) To sign deeds and other instruments to take title out of the name of the Trust and to place it in my name or in my name and the name of another.
 - (b) To negotiate loans.
 - (c) To refinance property.
 - (d) To sign promissory notes and security instruments.
 - (e) To sign for lines of credit.
 - (f) To access lines of credit.
 - (g) To sign deeds and other instruments to place title standing in my name, or in my name and the name of another, in the name of the trustee of the Trust.
9. To explore and implement Medi-Cal (Medicaid) planning strategies and options and to plan and accomplish asset preservation in the event that I require long-term health and nursing care.
10. If I have granted an agent under an Advance Health Care Directive ("Health Care Agent") the power to make decisions concerning my residence, personal life, and medical care, my agent under this Power of Attorney shall make payments for such care as my Health Care Agent shall direct, and my agent under this Power of Attorney is released from any and all liability for making such payments.

11. My agent shall use the following format when signing on my behalf under this power of attorney: **“DONALD K. BROWN, by [agent’s name], attorney in fact.”**
12. My agent is entitled to reasonable compensation and to reimbursement of all reasonable and necessary expenses incurred while acting as my agent.

Dated: January 28, 2008



DONALD K. BROWN

Muhammad Afzal, M.D.
Neema Aghamohammadi, D.O.
Shawn Aghili, M.D.
Imran Aurangzeb, M.D.
Paul A. Bilunos, M.D.
Alan P. Cubre, M.D.
Richard DeFelice, M.D.
G. H. Hayat, M.D.
Gordon C. Hunt, M.D.
Daniel P. Ikeda, M.D.
Amit Karmakar, M.D.

**PULMONARY MEDICINE, INFECTIOUS DISEASE
AND CRITICAL CARE CONSULTANTS
MEDICAL GROUP, INC**

Richard T. Kim, M.D.
Adrian C. Lawrence, M.D.
Mark W. Lischner, M.D.
W. Randy Martin, M.D.
Peter Murphy, M.D.
James N. Nishio, M.D.
Sreenivas Ravuri, M.D.
Thomas A. Stragg, M.D.
Richard R. Stack, M.D.
Brent Van Hoozen, M.D.
Alan R. Yee, M.D.

**Offices Of: Dr's NAGARAJ, KARMAKAR, MURPHY, STACK, BISTRONG
NASEER and N.P. LEUNG**

**PULMONARY MEDICINE, INFECTIOUS DISEASE
AND CRITICAL CARE CONSULTANTS
6403 Coyle Ave. Suite 450
Carmichael, CA 95608
(916) 482-7621 FAX (916) 972-7734**

8/22/12

RE: Donald Brown (DOB 01/13/1930)

To whom this may concern,

I have been treating Donald Brown's pulmonary issues for the last 3 years and prior to that was acting as his Primary Care Physician for 20 plus years. I have seen Donald's cognitive faculties deteriorate to the extent that he is no longer safe making financial and medical decisions on his behalf. I support his family's application for conservatorship.

Please let me know if I may be of further assistance or if there are any questions or concerns.

Thank you,


Peter Murphy M.D.

Lou T. Nishimura, M.D.
DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
6500 Coyle Avenue, Suite 4, Carmichael, California 95608 (916) 967-4030

August 16, 2012

RE: DONALD BROWN (DOB 01 13 30)

To whom this may concern,

I have been Donald Brown's treating physician. It is my medical opinion that Donald's cognitive faculties have deteriorated to the extent that he is no longer safe making financial and medical decisions on his behalf. I support his family's application for conservatorship.

Please let me know if I may be of further assistance, or if there are any questions or concerns.

Sincerely,



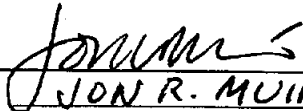
Lou Nishimura, M.D.

DECLINATION TO SERVE AS AGENT UNDER POWER OF ATTORNEY

RAYMOND JAMES TRUST hereby declines to serve as co-agent under the Uniform Statutory Form Power of Attorney executed by Donald K. BrOwn on January 28, 2008.

DATED: 21 Dec. 2012

RAYMOND JAMES TRUST

 (sign)
By: JON R. MUIR (print name)
Its: V. P. (your title)