## 2015-000994 Klamath County, Oregon



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Fee: \$52.00

## **Unlimited 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 unlimited power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which includes 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 INCAPACITATED. 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 unlimited 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 that you appoint 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, Edithe WALLIG	, of <u>K</u>	Jamath Fá	115 ,
City of Klammarth Fol	, State of	Oregon	, as Principal,
do appoint Linda H	attins; , of	Klamoth Fat	<i>ll\$</i> ,
City of KLAMATA FOR	, State of	OREGION	, as my
attorney-in-fact to act in my nar	ne, place and stead in any wa	y which I myself could do	o, if I were personally present,
with respect to all the following	matters to the extent that I as	m permitted by law to act	through an agent:
I grant my attorney-in-fact the nincluding but not limited to, all ing all banking and financial instantiations, all claims annuity transactions, all claims	acts relating to any and all of titution transactions, all real	my financial transactions estate or personal property	and/or business affairs includ-
If the attorney-in-fact named ab	ove is unable or unwilling to	serve, then I appoint	
	, of		,
City of	· · · · · · · · · · · · · · · · · · ·	State of	, to be my
attorney-in-fact for all purposes	hereunder		

My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were personally present. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power

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of attorney 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.

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Signature and Declar					
I, Edythe V	anaka		, the principal, sign my na	me to this pow	er of attorney
this 5 day of	November	bec	and, being first duly sworn,		i
			as my power of attorney and that I sign		l -
• =			e and voluntary act for the purposes exp	i i	
			of sound mind and under no constraint of		
Signature of Principal	· 	Para	Rn		
Signature of Principal				:	
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		:			
Witness Attestation		,	•	~ -	_ <
I, FRED PATE	SILA		, the first witness, and I, ROSIE	= 1 7	ADILLAT
		to the foregoin	ng power of attorney being first duly sw	orn and do dec	lare to the
	-		d executes this instrument as his/her pov	i	
_ ,	-		sign for him/her, and that I, in the preser		
			principal's signing and that to the best of		1
			and under no constraint or undue influer		
	0/	7		1	
			A CONTRACTOR	We-	
Signature of First Witn	ess		Signature of Second Witness		
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Notary Acknowledgn					
State of Oregon			County of Klamath		-
Subcribed, sworn to ar	id acknowl	edged before m	ne by <u>Edythe Vaughn</u> nda Haskins		, the Principal,
			nda Haskins	, witness, this	5
day of <u>December</u>	20	14	*		•
				:	
Shew hell	leer h	11 40		OFFICIAL SEA	2000
	ller N	muly	SHAF	RI KATHLEFN W	HITELEY X
Notary Signature		U	y <b>y</b>	OTARY PUBLIC-OR OMMISSION NO. 4	70117 i <b>%</b> (
Notary Public,		!	MY COM	MISSION EXPIRES JUI	IE 29, 2017
In and for the Country	e 1/1 =	m (11)		i	T

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I, Edythe Vaugha have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as At-
torney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the
assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a
full and accurate record of all actions, receipts and disbursements on behalf of the principal.
( ) A / ( ) A
Signature of Attorney-in-Fact  Date  12/5/14
Signature of Attorney-in-Fact // Date
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Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact
I, Linda Haskins have read the attached power of attorney and am the
person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appoint-
ment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of
attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the
principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accu-
rate record of all actions, receipts and disbursements on behalf of the principal.
Sinda Haskins 12/5/14
Signature of Successor Attorney-in-Fact Date
Oregon Su
Oregon & Oregon (School)  California residents or persons intending that this document be valid in the State of California should use the fol-
lowing <del>Culifornia</del> Notary Acknowledgment form:
Oregon ເປັນ <del>California N</del> otary Acknowledgment
State of California Oregon Section Section State of California Oregon Section
County of Klamath S.S.
On December 5, 2014, before me, Carthe Vaughn (name and title of notary), personally appeared Shar, Whiteley, who proved to
(name and title of notary), personally appeared <u>Shari</u> whitely, 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.
OFFICIAL SEAL
Shari Kathleen Whiteley  Notary Public-Oregon
Notary Signature (Seal)  Notary Signature  Notary Public-Original  Notary Signature  Notary Signature  Notary Public-Original  Notary Signature  Notary Public-Original  Commission No. 479117  MY COMMISSION EXPIRES JUNE 29, 2017