

2015-004289

Klamath County, Oregon

05/05/2015 11:36:56 AM

Fee: \$67.00

1st 2422584-LW

RECORDING COVER SHEET

THIS COVER SHEET HAS BEEN PREPARED BY THE
PERSON REPRESENTING THE ATTACHED INSTRUMENT
FOR RECORDING. ANY ERRORS IN THIS COVER SHEET
DO NOT AFFECT THE TRANSACTION(S) CONTAINED
IN THE INSTRUMENT ITSELF.

After Recording Return To:

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

1. Title(s) of the Transaction(s) ORS 205.234(a):

**Uniform Statutory Form
Power of Attorney**

2. Direct Party/Grantor(s) and address ORS 205.125(1)(b) and ORS 205.160:

David L Baker

3. Indirect Party/Grantee(s) and address ORS 205.125(1)(a) and ORS 205.160:

Lisa L Baker

4. Send Tax Statements To:

No Change

5. True and Actual Consideration:

N/A

6. Deed Reference:

N/A

*F.
72.00*

**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 REVOKE ALL PRIOR POWERS OF ATTORNEY.

I, **DAVID L. BAKER**, appoint **LISA L. BAKER** as my agents (attorney-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.

INITIAL

- _____ (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.
- OB _____ (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.

_____ I authorize my agent to exercise the following additional powers:

- _____ 1. To open, close, or renew any safe deposit box with any bank and have access to, possession of, and right to remove any contents of any such safe deposit box or existing safe deposit box in my name;
- _____ 2. To act for the principal in the principal's capacity as a partner in any general or limited partnership of which the principal is a partner;
- _____ 3. To act for the principal in the principal's capacity as a member or manager of any limited liability company;
- _____ 4. To act for the principal in the principal's capacity as a shareholder, officer or

director of any corporation;

5. To act for the principal in the principal's capacity as a Trustee of any trust, including trusts which were not created by the principal and to perform all acts as the Trustee is allowed under the governing trust instrument;

6. To create, modify, or revoke a trust;

7. To fund with the principal's property a trust not created by the principal or a person authorized to create a trust on behalf of the principal;

8. To exercise the right to make a disclaimer on the principal's behalf;

9. To create or change survivorship interests in the principal's property or in property in which the principal may have an interest;

10. To designate or change the designation of beneficiaries to receive any property, benefit, or contract right on the principal's death;

11. To make a loan to the agent;

12. To make gifts and other transfers to any person or entity (including to the agent) without consideration or with less than full consideration, including forgiveness of loans and completion of charitable pledges made by the principal. In making such gifts, the agent is authorized to remove the principal's assets from any grantor revocable trust of which the principal is a grantor;

13. To transfer assets to and remove assets from any and all revocable living trusts of which the principal is or becomes a Trustor;

14. To exercise on behalf of the principal, any limited powers of appointment held by the principal; and

15. If my agent, in my agent's sole discretion, has determined that I need nursing home or other long-term medical care and that I will receive proper medical care whether I privately pay for such care or if I am a recipient of Title XIX (Medicaid) or other public benefits, to:

_____ (i) take any and all steps necessary, in my agent's judgment, to obtain and maintain my eligibility for any and all public benefits and entitlement programs, including, if necessary, creating and funding a qualified income trust or special needs trust for me or a disabled child, if any; _____

_____ (ii) transfer with or without consideration my assets to my descendants (if any), or to my natural heirs at law or to the persons named as beneficiaries under my last will and testament or a revocable living trust which I or my agent may have established, including my agent; and _____

_____ (iii) enter into a personal services contract for my benefit, including entering into such contract with my agent, and even if doing so may be considered self-dealing. Such public benefits and entitlement programs shall include, but are not limited to, Social Security, Supplemental Security Income, Medicare, Medicaid and Veterans benefits. _____

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 _____.

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 examines the original of this document and 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.

Signed this 19 day of November, 2014.

David L. Baker
DAVID L. BAKER

(social security number)

State of California

County of Stanislaus

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

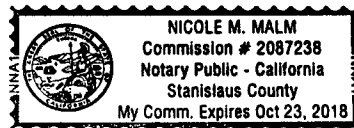
STATE OF CALIFORNIA)
COUNTY OF STANISLAUS)

On November 19, 2014, before me, Nicole M. Malm, a Notary Public, personally appeared **DUANE K. LARSON**, 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.

Nicole M. Malm
Notary Public



(S E A L)