



2015-010869

Klamath County, Oregon

10/02/2015 10:10:53 AM

Fee: \$57.00

RECORDING COVER SHEET

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON PRESENTING 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:

Gayner R. Bemisdarfer
1910 Loma Dr.
Camarillo, CA 93010

1. Name(s) of the Transaction(s):

DURABLE POWER OF ATTORNEY

2. Direct Party (Grantor):

Kimm Boyd Bemisdarfer

3. Indirect Party (Grantee):

Gayner Ruth Bemisdarfer

4. True and Actual Consideration Paid:

5. Legal Description:

DURABLE POWER OF ATTORNEY

I, KIMM BOYD BENISDARTER hereby revoke any general power of attorney that I have heretofore given to any person and do hereby appoint GAYNER RUTH BENISDARTER to be my true and lawful Agent for me and on my behalf to perform all such acts as my Agent in his/her absolute discretion may deem advisable, as fully as I could do if personally present. This Power of Attorney is durable and shall not be affected my subsequent disability or incapacity.

I. Except as otherwise stated in this Power of Attorney, my Agent is given the fullest powers to act on my behalf, including the following powers (***cross out and initial the powers you do not want to give***):

- To make limited gifts.
 - To create a trust for my benefit.
 - To make additions to an existing trust for my benefit.
 - To claim an elective share of the estate of my deceased spouse.
 - To disclaim any interest in property.
 - To renounce fiduciary positions.
 - To withdraw and receive the income or corpus of a trust.
 - To authorize my admission to a medical, nursing, residential, or similar facility and to enter into agreements for my care.
 - To authorize medical and surgical procedures.
 - To engage in real property transactions.
 - To engage in tangible personal property transactions.
 - To engage in stock, bond, and other securities transactions.
 - To engage in commodity and option transactions.
 - To borrow money.
 - To enter safe deposit boxes.
 - To engage in insurance transactions.
 - To engage in retirement plan transactions.
 - To handle interests in estates and trusts.
 - To pursue claims and litigation.
 - To receive government benefits.
 - To pursue tax matters.
 - To make an anatomical gift of all or part of my body.
 - To make or do any of the following (*use this space to list any additional powers you want your Agent to have*): _____
- _____
- _____

II. This Power of Attorney shall not expire by reason of lapse of time.

III. This Power of Attorney shall be revoked by my giving my Agent written notification of the revocation. This notice shall not be considered binding unless actually received. Notice shall be deemed to have been received if hand-delivered or if mailed via the United States Post Office or other nationally-recognized parcel service using a delivery confirmation or tracking receipt.

IV. My Agent shall have authority to make copies of this Power of Attorney and to certify and deliver the copy or original to any person, entity, or government agency. I hereby agree that any third party receiving a duly executed copy or facsimile of this Power of Attorney may act hereunder

and that revocation or termination of the Power of Attorney shall be ineffective as to such third party unless the third party possesses notice or knowledge of such revocation or termination.

V. I willfully and voluntarily sign this document and I understand its purpose.

Kenn Boyd Baudelarter
Principal's Signature

9-25-15
Date

Statement and Signature of Witnesses.

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud, or undue influence. (Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person may not be a witness if he/she signs this document on behalf of and at the direction of a Principal.

[Signature]
Witness Signature
Rogelio Navarro
Print Name

[Signature]
Witness Signature
Jessie Olrick
Print Name

Notarization (Optional)

Notarization of document is not required in Pennsylvania, but if the document is both witnessed and notarized, it is more likely to be honored in some other states.

On this ____ day of _____, 20____, before me personally appeared the aforesaid declarant, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, Commonwealth of Pennsylvania, the day and year first above written.

See Attached
Notary Public My Commission Expires

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Ventura)On September 25th, 2015 before me, Maria Rivas, Notary Public,
Date Here Insert Name and Title of the Officerpersonally appeared Kimm Boyd Bemisdarfer
Name(s) of Signer(s)

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.

Signature Maria Rivas
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Durable power of Attorney Document Date: September 25th, 15
Number of Pages: 3 Signer(s) Other Than Named Above: _____**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☒ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____