NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCE

2016-002622

Klamath County, Oregon

03/10/2016 11:43:48 AM

Fee: \$42.00

POWER OF ATTORNEY After recording, return to (Name and Address):

Returned at Counte

SPACE BESERVED FOR RECORDER'S USE

illiam R. Addington Marlene T. Addington

ments and other debts payable to or by me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests; to establish, modify, or revoke trusts; to establish, modify, cancel, select payment options under, and to manage any retirement plans, annuities and insurance contracts on my behalf; 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; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order; to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also

I hereby give to my attorney full power and authority to do each and every act and thing whatsoever, as fully as I might or could do if personally present, so long as all such acts are in my interest, for my support and benefit, and are consistent with my estate plan; I hereby ratify and confirm all that my attorney shall lawfully do or cause to be done by virtue hereof, and any change in the status of my mental competency, or its deterioration, absence, or failure, whether temporary or permanent, shall not affect, diminish, or make null and void the effectiveness and validity of this instrument.

This power shall take effect (check one):

Ton the date I sign it.

☐ on the date I become "financially incapable" as defined by ORS 125.005. ☐ on the date I am adjudged incompetent by a court of proper jurisdiction.

(describe circumstance)

If no box is checked, this power shall take effect on the date I sign it.

My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until my attorney has received actual notice either of such revocation or of my death.

In construing this instrument, where the context so requires, the singular includes the plural.

I have signed this instrument on November 13, 20

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on I

OFFICIAL SEAL KATHY SUE LINVILLE NOTARY PUBLIC-OREGON COMMISSION NO. 935388 MY COMMISSION EXPIRES JANUARY 19, 2019

Notary Public for Oregon. My commission expires 1-19

PUBLISHER'S NOTE: Use of this form in connection with real estate may subject the user to real estate fixensing requirements. To avoid the need to comply with those requirements: 1) record this form-in the county or counties where the real estate is located; 2) specify the address(es) of the property to be managed, controlled, and/or sold; and 3) state that the agent, in dealing with the real property, may not receive any compensation that would require the agent to be licensed under ORS 696 or other applicable law.