

2017-003011

Klamath County, Oregon

BL

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED



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03/22/2017 10:03:20 AM

Fee: \$42.00

## POWER OF ATTORNEY

SPACE RESERVED  
FOR  
RECORDER'S USE

ELIZABETH J. LA FORCE  
4914 WOCUS RD.  
KLAMATH FALLS, OR 97603

To

GAYLE FRANK  
4914 WOCUS RD.  
KLAMATH FALLS, OR 97603

After recording, return to (Name and Address):

GAYLE FRANK  
4914 WOCUS RD.  
KLAMATH FALLS, OR 97603

I, ELIZABETH J. LA FORCE

hereby appoint GAYLE FRANK OR CAROL SHUPING

as my true and lawful attorney in fact ("my attorney"), to act in my name and for my support and benefit as set forth herein: to borrow, lend, give or accept security for, demand, sue for, recover, collect and receive any sums of money, debts, rent, dues, accounts, legacies, bequests, interest, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to use all lawful means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, or sell real or personal property of any nature, to take possession thereof and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate such real or personal property, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my attorney shall think fit; to purchase any securities, and to sell, transfer and deliver all or any securities owned by me or in my name for any price and receive payment therefor, and to vote any such securities as my proxy; to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments 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

make all financial and medical decisions regarding my care and treatment; all decisions regarding medical interventions, without limitation.

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):

- ☒ on 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 3-21-17

X Elizabeth J. LaForce

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on 3/21/17 and attested before me by Gayle Ann Frank, a credible witness for Elizabeth J. LaForce who proved, on a satisfactory evidence to be the person whose name I witnessed signing, the within instrument.

Ginger Lee Kocurek



Notary Public for Oregon. My commission expires 7/12/19

PUBLISHER'S NOTE: Use of this form in connection with real estate may subject the user to real estate licensing 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.

Jim Frank  
Returned at Counter