

RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:

2018-000112

Klamath County, Oregon

01/03/2018 01:09:01 PM

Fee: \$97.00



Any error in this cover sheet DOES NOT affect the transaction(s) contained in the instrument itself.

Reference: 208233AM

Please print or type information.

1. AFTER RECORDING RETURN TO –

Required by ORS 205.180(4) & 205.238:

Name: Elaine HerrickAddress: 23 Highland DRCity, ST Zip: Napa CA 94559**2. TITLE(S) OF THE TRANSACTION(S) –** Required by ORS 205.234(1)(a)

Note: "Transaction" means any action required or permitted by law to be recorded, including, but not limited to, any transfer, encumbrance or release affecting title to or an interest in real property. Enter descriptive title for the instrument:

Document Title(s): Power of Attorney**3. DIRECT PARTY / GRANTOR Names and Addresses –** Required by ORS 205.234(1)(b)
for Conveyances list Seller; for Mortgages/Liens list Borrower/Debtor

Grantor Name:

Grantor Name:

Raymond Edward Stevers**4. INDIRECT PARTY / GRANTEE Names and Addresses –** Required by ORS 205.234(1)(b)
for Conveyances list Buyer; for Mortgages/Liens list Beneficiary/Lender/Creditor

Grantee Name:

Grantee Name:

Elaine Jeanette Herrick**5.** For an instrument conveying or contracting to convey fee title, the information required by ORS 93.260:

**UNTIL A CHANGE IS REQUESTED, ALL
TAX STATEMENTS SHALL BE SENT TO
THE FOLLOWING ADDRESS:**

Name: No Change

Address: _____

City, ST Zip: _____

6. TRUE AND ACTUAL CONSIDERATION –

Required by ORS 93.030 for an instrument conveying or contracting to convey fee title or any memorandum of such instrument:

\$ 0**7. TAX ACCOUNT NUMBER OF THE PROPERTY if the instrument creates a lien or other interest that could be subject to tax foreclosure. –** Required by ORS 312.125(4)(b)(B)Tax Acct. No.: N/Agrant

BE IT KNOWN TO ALL, that I, Raymond Edward Sievers, being of the age of consent of eighteen (18) years or older and currently residing at 779 Kerryjen Court, Redding, in the County of Shasta located within the State of California and whose zip code is 96002, do hereby designate, establish and appoint Elaine Jeanette Herrick, as my official allocated Attorney-in-Fact ("Agent") to perform in my name and stead as of 06/01/2017.

The appointed Agent to the Durable Power of Attorney, as stipulated within the aforementioned instrument, does not have the right to transfer nor convey any of the Principal's property, now owned or later acquired, to himself or herself, the Agent's family member or any associate without full and adequate consideration nor accept a gift of the Principal's property unless otherwise stipulated within this Durable Power of Attorney. In the event that the designated Agent should transfer any of the principal's Property to his/herself without precise detailed written authorization contained with the Durable Power of Attorney, the Agent could be prosecuted, to the fullest extent allowable by law, for fraud and/or embezzlement. Should it be determined that the Principal was or is 65 years of age or older at the time said property was illegally transferred to the Agent without precise detailed written authority, the Agent could be prosecuted pursuant to and in accordance with the federal and/or state Elder Abuse Laws of California Penal Code § 368. In addition to criminal prosecution, the Agent may be sued in civil court as well.

This DURABLE POWER OF ATTORNEY, shall not be affected by subsequent incapacity of the Principal.

I do hereby revoke and/or rescind any "General Power of Attorney" signed by me that was previously in effect. **HOWEVER**, this does not revoke nor invalidate any Power of Attorney that may be directly related to any Advance Health Care Directive previously signed by me.

THEREFORE, it is my wish that my Agent shall maintain full power and authority to act on my behalf with respect to the following subjects:

My Agent's powers shall include the authority to:

- The handling and management of any form of bank accounts that are in my name (i.e. opening; closing; transfers etc.) that include, but is not limited to, checking, savings, money market accounts, certificate of deposit and/or individual retirement accounts and any other comparable or related accounts with any financial institution. The aforementioned Agent may conduct and/or perform any manner of transactions as follows:
 - The administration of financial business and transactions with any banking or financial institution in relation to all my accounts, with regards to making deposits and withdrawals, obtaining and receiving bank statements, money orders, certified checks, drafts, passbooks, and certificates or vouchers payable to me by any individual, professional practice, business or political entity.
 - Execute steps deemed necessary to make deposits, exchange, convert, sell or transfer any bank note, monies or securities of the U.S.A.
 - The Agent shall be granted full access to any safe deposit box, as well as any contents contained within.
 - The Agent shall have full authority to handle and manage (add, delete, and/or change) any

and all beneficiaries with regards to any financial accounts currently within my possession which may include, but is not limited to, any insurance policies, annuities, retirement accounts, savings/checking accounts or other investments.

- The Agent shall be authorized to manage, dispose of by selling or exchanging, acquire by purchasing, investing or reinvesting any assets or property (real or personal) currently owned by me or that which I may own in the future. Assets or property may include, but not limited to, income producing or non-income producing property and/or assets.
- The Agent has the power authority to purchase and/or maintain any insurance, including that of life insurance on my life or any annuity contracts on my behalf.
- The Agent shall have the power and authority to initiate, handle or manage any and all legal means deemed necessary on my behalf to ensure the collection of any debt or money owed to me or my estate, as well as to resolve and/or reconcile any outstanding claim, despite whether the claim may be against me or on my behalf against an individual or entity.
- The Agent shall have the power and authority to right to initiate, establish and/or enter into any binding contracts that may be deemed necessary on my behalf.
- The Agent shall have the power and authority to manage, maintain, administer and/or operate any business that may be under my ownership and control.
- The Agent shall have the power and authority to act my proxy to employ and/or carry out any and all stock rights/options that are in any manner related to the purchasing, selling, trading, exchanging and/or transfer of stocks, bonds, commodities, options, debentures and/or other investments on my behalf.
- The Agent shall have the power and authority to either contract and/or employ any professional or business assistance deemed necessary and appropriate on my behalf, including, but not limited to, the hiring of any accountant or bookkeeper, business administrator, attorney, and/or real estate professional.
- The Agent shall have the power and authority to conduct or perform any function with regards to any real estate or property currently under my ownership or any which may be later acquired including, but not limited to the managing, leasing, transferring, repairing, improving, insuring, and/or selling on my behalf. In addition, the Agent shall have the power and authority to sell or encumber any homestead which I may now own or may later acquire.
- The Agent shall have the power and authority to prepare, or to have prepared, sign and file any and all necessary documents with the appropriate governmental organization or bureau, which may include, but is not limited to the following authorized items:
 - Right to prepare, sign and file federal income, state, local tax returns or any other tax returns required by a governmental entity
 - Right to obtain any necessary information or documents from any government bureau, and then to negotiate, concede and/or settle any matter with said government or bureau

(including tax matters) on my behalf.

- Right to prepare, or to have prepared, any application, convey information, and/or execute any other function rationally requested by any government organization or bureau with regards to any governmental benefits that would include, but not limited to, social security, medical or military benefits. In addition, the Agent may appoint someone to perform the function of "Payee" to receive Social Security payments and benefits on my behalf.
- The Agent shall have the power and authority to distribute gifts from amongst my assets to any designated individual or charitable organization with whom I may be affiliated, distribute any appropriate gifts for any tax purposes or estate planning, the power and authority for the filing of any federal or state gift tax returns, and/or the filing of any tax selection to split gift with a spouse as specified only by this instrument or by a Last Will and Testament. However, my appointed Agent cannot and shall not distribute any gifts to himself/herself, his/her family members, associates, friends or any other Agent.
- The Agent shall have the power and authority to convey any of my current assets to a trustee, executor or agent of any revocable trust having been created by me and that said trust, if any, existing at time of transfer.
- The Agent shall have the power and authority to renounce any interest which would be transferred or allocated to me from another individual, trust, or other appropriate entity.
- The Agent shall have the power and authority to perform on my behalf with the intention of organizing, administering, allocating, dispensing and/or terminating digital assets, if any. Digital assets may include, but are not limited to, electronic assets stored on any of my computers, electronic devices or any online account. Other online accounts may include social networking sites, email accounts, backup services, photographs and document sharing, domain names, financial and/or business accounts, websites, virtual property and/or blogs. Authorization extends to the right to access, download, backup, conversation of files, manage digital assets, clear or clean computer caches and/or delete files.

The Agent shall have complete authority to manage and conduct all my affairs, as initialed above and to exercise all of my legal rights and powers, including any and all rights and powers that I may acquire in the future regarding the categories above.

THEREFORE, let it be known that this Power of Attorney shall be interpreted as a Durable Power of Attorney, and as such the specific intentions are not meant to limit or impede the powers conferred with regards to this Durable Power of Attorney in any way.

IN ADDITION, any right or authority that shall be extended to my Agent by way of this instrument shall be limited to the degree deemed necessary as a means to prevent this Power of Attorney that would create or trigger: (i) any portion of my current or any future acquired assets to become subject to any general power of appointment by my Agent, (ii) my Agent to have any occurrences of ownership with regards to any life insurance policies that I may purchase or possess on the life of my Agent, and (iii) any portion of my income to become taxable to my Agent.

FURTHERMORE, let it be known that my Agent shall not be held liable, in any manner or aspect, for any

DURABLE POWER OF ATTORNEY

NOTICE TO THE PRINCIPAL: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST [KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.] ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

Edmund Sievers

(Principal's Signature)

Raymond Edward Sievers

June 1, 2017

(Date)

loss which may result from any judgment error made in good faith while performing on my behalf. However, my Agent could be held and shall be held liable for any "willful misconduct or failure to act in good faith" in the performance of their fiduciary responsibilities as my Agent in accordance with this Durable Power of Attorney.

I hereby authorize my designated Agent to indemnify and hold harmless any third party who accepts and acts under this instrument.

IN SO MUCH, that my Agent carries out and abides by my wishes, s/he shall be entitled to reasonable compensation for any of his/her services provided as my Agent.

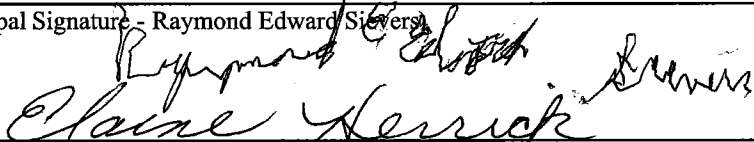
IN ADDITION, my Agent shall be reimbursed of any and all reasonable expenses which may have been incurred in connection with the aforementioned Power of Attorney.

LASTLY, my Agent shall furnish and deliver a comprehensive report for any and all accounts controlled or any activities performed in accordance with federal and state laws, and in whatever manner as instructed or requested by me or any authorized personal Agent, governmental bureau or official organization which may be acting on my behalf.

THE AFOREMENTIONED Durable Power of Attorney shall become effective immediately following the signing of this instrument on the date indicated. This instrument shall not be affected should I become disabled or be deemed mentally incompetent, except as may otherwise be provided or stipulated herein or by applicable state statute. This Durable Power of Attorney shall remain in effect until my demise or is revoked by me through written notification to my Agent.

Dated 06/01/2017.

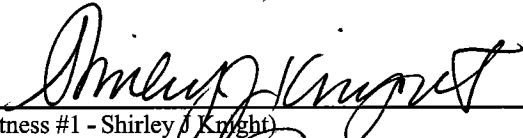
(Principal Signature - Raymond Edward Sievers)



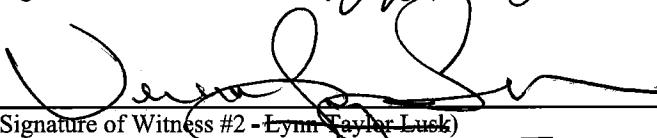
(Agent Signature - Elaine Jeanette Herrick)



(Signature of Witness #1 - Shirley J. Knight)



(Signature of Witness #2 - Lynn Taylor Luck)



Verna Lynn Taylor VLT

STATE OF CALIFORNIA,

COUNTY OF SHASTA

On _____ the aforementioned parties appeared before me, a Notary Public, for the above state and county, and is known to me or provided photo identification and that such individuals executed the foregoing instrument, and being duly sworn, such individuals acknowledged that s/he executed said instrument for the purpose therein contained of his/her free will and voluntary act.

SEE REVERSE

(SIGNATURE 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.

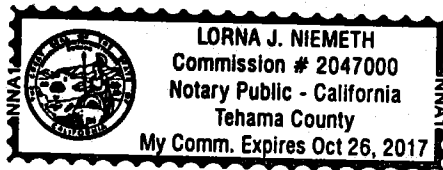
State of California)
County of STANISLA)

On JUNE 1, 2017 before me, LORNA J. NIEMETH, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared RAYMOND EDWARD STEVENS
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 Lorna J. Niemeth
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 Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ 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: _____

WITNESS VERIFICATION

Raymond Edward Sievers, on the abovementioned date, acknowledges and declared that s/he appointed Elaine Jeanette Herrick, in our presence, to be his/her Power of Attorney. We, the below listed witnesses, in his/her presence and at his/her request, and in the presence of each other, verify and confirm to the same and hereby sign our names as attesting witnesses.

(Signature of Witness #1)

Shirley J Knight

Shirley J Knight
15389 Horizon Hills Drive
Redding, California 96001
530-949-1074

(Signature of Witness #2)

Lynn Taylor Lusk *Verna Lynn Taylor* *VL*

Lynn Taylor Lusk
779 Kerryjen Court
Redding, California 96002
530-223-1538

SIGNATURE OF NOTARY PUBLIC

Signed (or subscribed or attested) before me on _____ (date) by Shirley J Knight.

SEE ATTACHED

Notary Signature

Notary Seal

SIGNATURE OF NOTARY PUBLIC

Signed (or subscribed or attested) before me on _____ (date) by Lynn Taylor Lusk.

SES Attested

Notary Signature

Notary Seal

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1
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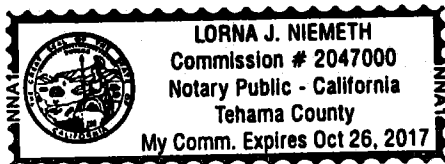
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 SLASMA



Subscribed and sworn to (or affirmed) before me

on this 1 day of JUNE, 2017,
by Date Month Year

(1) LYNN TAYLOR LUCK LYN

(and (2) VERNA LYNN TAYLOR),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Lorna J. Niemeth
Signature of Notary Public

Seal
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.

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Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 SHASTA

Subscribed and sworn to (or affirmed) before me

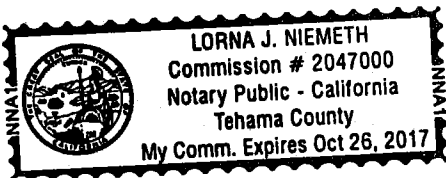
on this 1 day of JUNE, 2017,
by _____ Date _____ Month _____ Year _____

(1) SHIRLEY J KNIGHT

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Lorna J Niemeth
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

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