

**RECORDING COVER SHEET**

ORS 205.234

This cover sheet has been prepared by:

**2018-000994****Klamath County, Oregon****01/26/2018 09:54:01 AM****Fee: \$62.00**

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

Reference: 212514AM

Please print or type information.

**1. AFTER RECORDING RETURN TO –**

Required by ORS 205.180(4) &amp; 205.238:

Name: Debra A. AchleithnerAddress: P. O. Box 1722City, ST Zip: Klamath Falls, 97601**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):** Durable 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:** David Allen Hathhorn**Grantor Name:** \_\_\_\_\_**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:** Debra Ann Achleithner**Grantee Name:** \_\_\_\_\_**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/A

## DURABLE POWER OF ATTORNEY

I, DAVID ALLEN HATHHORN, appoint DEBRA ANN ACHLEITHNER my Agent and attorney-in-fact ("my Agent"), with power and authority to:

1. Support. Make expenditures for my health, education, support, maintenance, and general welfare and for the health, education, support, and maintenance of any members of my immediate family who are or become dependent upon me for support.
2. Managing and Disposing of Assets. Take possession of, retain, change the form of, manage, maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of any of my real or personal property or any interest in property, in any manner and on any terms my Agent considers to be in my best interests.
3. Checks and Notes. Receive, endorse, sign, sell, discount, deliver, and deposit checks, drafts, notes, and negotiable or nonnegotiable instruments, including any drawn on the Treasury of the United States or the state of Oregon or any other state or governmental entity.
4. Financial Institutions. Acting as my fiduciary, enter into any transaction with and contract for any services rendered by a financial institution, including continuing, modifying, or terminating existing accounts; opening new accounts; drawing, endorsing, or depositing checks, drafts, and other negotiable instruments; acquiring and transferring certificates of deposit; withdrawing funds deposited in my name alone or in my name and the name of any other person or persons; and providing or receiving financial statements. "Financial institutions" means banks, trust companies, savings banks, commercial banks, savings and loan associations, credit unions, loan companies, thrift institutions, mutual fund companies, investment advisors, brokerage firms, and other similar institutions. However, no such actions shall alter the terms of any accounts held in the name of any trust I have created
5. Investments and Securities Transactions. Invest and reinvest in common or preferred stocks, bonds, mutual funds, common trust funds, money market accounts, secured and unsecured obligations, mortgages, and other real or personal property; engage in investment transactions with any financial institution; and hold my securities in the name of my Agent's nominee or in unregistered form.
6. Insurance and Annuity Contracts. Purchase, maintain, modify, renew, convert, exchange, borrow against, surrender, cancel, and collect or select payment options under any insurance or annuity contract. Any receipt, release, or other instrument executed by my Agent in connection with any insurance or annuity contract shall be binding and conclusive upon all persons.
7. Business Interests. Continue, participate in, sell, reorganize, or liquidate any business or other enterprise owned by me, either alone or with any other person or persons.

8. Voting. Appear and vote for me in person or by proxy at any corporate or other meeting.
9. Retirement Plans. Establish, modify, contribute to, select payment options under, make elections under, receive payments from, make rollovers to, and take any other steps I might take with respect to IRA accounts and other retirement plans.
10. Credit Cards. Cancel or continue my credit cards and charge accounts, use my credit cards to make purchases, and sign charge slips on my behalf.
11. Collections. Demand and collect any money or property owed to me and give a receipt or discharge for the money or property collected.
12. Debts. Pay my debts and other obligations.
13. Litigation. Sue upon, defend, compromise, or submit to arbitration any controversies in which I may be interested; and act in my name in connection with any complaint, proceeding, or suit.
14. Borrowing. Borrow in any manner and on any terms my Agent considers to be in my best interests (including borrowing from my Agent's own funds), and give security for repayment.
15. Lending. Lend funds to any person, provided that the loan is adequately secured and bears a reasonable rate of interest.
16. Taxes and Assessments. To represent me in all tax matters. To prepare, sign, and file federal, state, or local income, gift, or other tax returns of all kinds, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time, ruling requests, petitions to the Tax Court or other courts regarding tax matters, and any and all other tax-related documents, including, without limitation, receipts, offers, waivers, consents (including, but not limited to, consents and agreements under Internal Revenue Code Section 2032A, or any successor section thereto), closing agreements, and any power of attorney form required by the Internal Revenue Service, the Oregon Department of Revenue, or other taxing authority with respect to any tax period; to pay taxes due, collect refunds, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service, the Oregon Department of Revenue, or other taxing authorities; to exercise any elections I may have under federal, state, or local tax law; and generally to represent me in all tax matters and proceedings of all kinds and for all periods before all offices and officers of the Internal Revenue Service, the Oregon Department of Revenue, and any other taxing authority.
17. Government Benefits. Perform any act necessary or desirable (including acting as representative payee) in order for me or my spouse to qualify for and receive all types of

government benefits, including Medicare, Medicaid, Social Security, veterans', and workers' compensation benefits.

18. Safe Deposit Box. Have access to and make deposits to or withdrawals from any safe deposit box rented in my name alone or in my name and the name of any other person or persons.
19. Mail. Redirect my mail.
20. Custody of Documents. Take custody of important documents, including any Will, trust agreements, deeds, life insurance policies, and contracts.
21. Employees and Advisors. Employ, compensate, and discharge attorneys, accountants, investment advisors, property managers, custodians, physicians, dentists, nurses, household help, and others to render services to me or for my benefit.
22. Nomination of Guardian and Conservator. To the extent permitted by state law, I nominate my Agent to act as my guardian and conservator if I become incapacitated.
23. Perform Other Acts to Carry Out the Powers Granted. Execute and deliver any written instrument and perform any other act necessary or desirable to carry out any of the powers granted under this power of attorney, as fully as I might do personally. I ratify and confirm all acts performed pursuant to this power of attorney.
24. Third Party Reliance. Third parties who rely in good faith on the authority of my Agent under this power of attorney shall not be liable to me, to my estate, or to my heirs, successors, or assigns. Third parties without actual notice of revocation may conclusively rely on the continued validity of this power of attorney. If requested, my Agent shall furnish, and a third party may conclusively rely on, an affidavit or certificate stating that (1) I was competent at the time this power of attorney was executed, (2) the power of attorney has not been revoked, (3) my Agent continues to serve as attorney-in-fact under the power of attorney, and (4) my Agent is acting within the scope of authority granted under the power of attorney. My Agent may sue or pursue other action against any third party who refuses to honor this power of attorney after such an affidavit or certificate has been provided.
25. Medical Records. My Agent shall have access to all my medical records from any physician, hospital, clinic and or any other facility at which I have received advice or treatment. My Agent shall have the right to full disclosure from any physician, hospital or clinic regarding my medical condition and medical care and treatment. My Agent shall have the right to discuss treatment alternatives, medication, and any other issues regarding my medical care with any physician, hospital, clinic or any other facility at which I am receiving or have received advice or treatment. My Agent shall have access to all of my medical records and I intentionally waive any limits under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

which would in any way limit my Agent's access to my medical records and medical information.

26. Incapacity. For purposes of this instrument, I shall be considered incapacitated if I become unable to receive and evaluate information effectively or my ability to communicate decisions is impaired to such an extent that I presently lack the capacity to manage my own financial affairs or the financial affairs of the trust. In case I become incapacitated as shown by the written opinion of a physician or a Circuit Court Judge after a hearing to determine that issue, my Agent may establish my place of abode within or without of the state of Oregon. My Agent, subject to the provisions of Oregon law, ORS 127.505-127.660 (governing advance directives) may consent, refuse consent or withhold or withdraw consent to my health care.

27. Durability. The powers granted to my Agent under this power of attorney shall continue to be exercisable even though I have become disabled or incompetent.

28. Governing Law. The validity and construction of this power of attorney shall be determined under Oregon law.

29. Date of Birth and Social Security Number. For identification purposes, I state that my date of birth is September 9, 1958, and my Social Security Number ends in 3623.

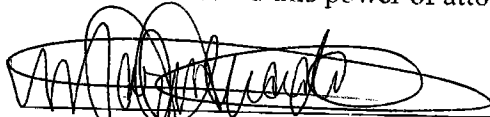
I have signed this power of attorney this 21 day of DECEMBER, 2017.

  
DAVID ALLEN HATHHORN

STATE OF OREGON, County of Klamath ) ss.

On this 21<sup>st</sup> day of December, 2017, before me personally appeared David Allen Hathhorn and acknowledged to me that he executed this power of attorney freely and voluntarily.



  
Notary Public for Oregon

SIGNATURE OF AGENT

Agent accepts appointment as attorney-in-fact and acknowledges that the following is Agent's signature:

  
DEBRA ANN ACHLEITHNER