

Gerald Breazale

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Klamath County, Oregon



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General Durable Power of Attorney

Notice

- ❖ This is an important legal document. By signing it, you are voluntarily giving another individual broad powers to handle your property and finances.
- ❖ *Warning!* Do not sign this document unless you fully understand the consequences of having a durable power of attorney for finances.
- ❖ There is no standard form for a durable power of attorney. If this form does not reflect your wishes or suit your needs in any way, seek advice from a lawyer.
- ❖ In using this document, you must choose whether you want your agent to have powers now, or only if you become unable to handle your finances effectively.
- ❖ This document does not give your agent power to make medical decisions.
- ❖ You can revoke this Power of Attorney by notifying your agent in writing.

Instructions

- ❖ Read over the following document carefully. If there is anything you do not understand, you should ask a lawyer to explain it to you.
- ❖ If the document suits your needs, initial each page, sign the document in the presence of a notary public and have the notary public acknowledge the signature.
- ❖ Keep the original document in a safe place, accessible to you and your agent. You can make and use photocopies of the original. You can also record the original document in the local county deeds and records and have the county make certified copies for anyone that will not accept a photocopy.

General Durable Power of Attorney

I, *Donna LaVonne Breazeale*, am of sound mind and I voluntarily make this designation. I revoke any financial powers of attorney I have signed in the past.

Appointment of Agent

I designate *Gerald Breazeale*, my son, living at 180 NW Washington Avenue, P.O. Box 365, Irrigon, Oregon 97844, to act for me as my agent, with the powers set forth in this document. I have discussed this appointment with the individual I have designated.

Effective Date

My agent has the powers set forth in this document immediately upon my signing it. These powers will not be affected by any mental or physical disability I may have in the future.

Powers

My agent must exercise powers in my best interests and for my welfare, as a fiduciary. My agent will have the following powers:

Banking

To receive funds, deposit funds in any financial institution and make withdrawals by check or otherwise to pay for goods, services and any other personal and business expenses for my benefit. To effect his or her powers, my agent has power to sign a power of attorney drafted by the institution and will have access to my safe deposit box.

Government Benefits


To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid.

Investments

To invest and reinvest my funds, and to withdraw funds to the extent needed to pay for my needs.

Retirement Plan

To contribute to, select payment option of, roll-over and receive benefits of any retirement plan or IRA, except my agent will not have power to change the beneficiary of any plan or IRA.



Taxes

To complete and sign any local, state and federal tax returns, pay any taxes and assessments due and receive credits and refunds, to sign any IRS documents necessary to effectuate these powers.

Insurance

To purchase, pay premiums and make claims on life, health, automobile and homeowners' insurance, except my agent will not have the power to cash in or change the beneficiary of any life insurance policy. This power includes the power to make decisions regarding my health insurance, financial arrangements, primary care physician selection and other matters. This power also includes the power to receive information about me and my health and medical conditions, including my protected health information.

Real Estate

To purchase, sell, lease, repair, improve, mortgage and make mortgage and utility payments on real property.

Personal Property

To hold personal property for safekeeping and to buy and sell personal property, including motor vehicles.

Collections

To demand and collect any money or property owed and give a receipt or discharge for the money or property collected.

Credit Cards

To cancel or continue credit cards and charge accounts, use credit cards to make purchases and sign charge slips.

Legal Advice and Proceedings

To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions against third parties who refuse without cause to honor this document.

Disclaimer

To disclaim any property, interest in property, or power to which I may be entitled, except where an interest passes to my agent as a result of the disclaimer, and take all steps required to make the disclaimer effective under state and federal laws, including Section 2518 of the Internal Revenue Code or any successor statute. In deciding whether to disclaim, my agent shall consider the effect of disclaimer on taxes that may be payable, on qualification for government benefits and on my existing estate plan.

Estate Plan

My agent has no authority to make or amend my will on my behalf and has no power to make gifts on my behalf except to my spouse. My agent has access to my will. In exercising powers, my agent must take into account my estate plan as known to the agent.



Other Provisions

Right to Rely

No person in Oregon or in any other state who relies on representations of my agent under this Durable Power of Attorney will be liable to me or my estate unless that person had actual knowledge that my agent did not have power to act.

Liability

My agent will not incur any liability to me under this power except for a breach of fiduciary duty.

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.

Expenses

My agent is entitled to reimbursement for reasonable expenses incurred in exercising powers and to reasonable compensation for services as agent.

Amendment or Revocation

I can amend or revoke this Power of Attorney through a writing delivered to my agent. Revocation is not effective as to a third party until the third party learns of the revocation.

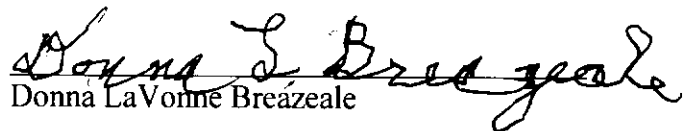
Photocopies

Photocopies of this document can be relied upon as though they were originals.

Signature of Principal

I sign this Power of Attorney voluntarily and I understand its purpose.

Signed in 1 counterpart original on December 20, 2016.


Donna LaVonne Breazeale

STATE OF OREGON
County of Lane

This instrument was acknowledged before me on December 20, 2016 by Donna Breazeale.




Notary Public – State of Oregon