2019-014647 Klamath County, Oregon



12/17/2019 01:07:43 PM

Fee: \$117.00

Durable Power of Attorney

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS DURABLE POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

Definition of Agent

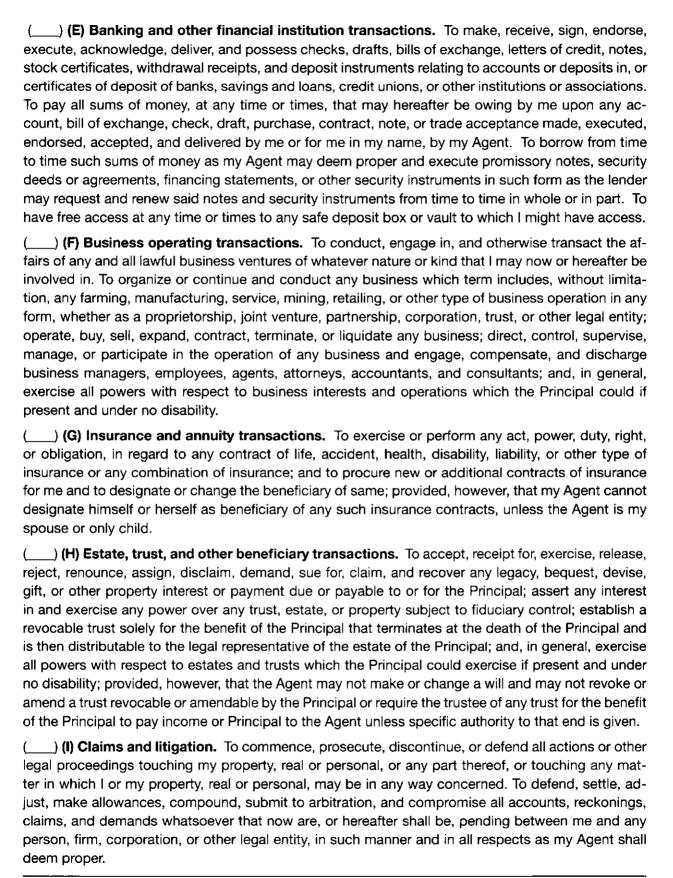
As used in this document, the term "Agent" shall include all agent(s), attorney(s)-in-fact, attorneys-in-fact / agents, and mandatary or mandataries who are appointed herein.

TO ALL PERSONS, be it known, tha	th andrew	for the undersigned
Principal, who resides at 3210	Diamond &+	
City of KLAMATH FALLS	_, County of KLAM	ATH.
State of <u>CREGON</u>	, do hereby appoint <u>Mi (</u>	chael Foust as my
Agent, and Michael Fo	as my Ager	nt, who 🗌 must act jointly 🔀 may act
separately on my behalf.		
At the time of the execution of this D	ourable Power of Attorney,	
	resides at	
City of	, County of	, State of
·		
At the time of the execution of this D	ourable Power of Attorney,	
	resides at	
		, State of
·		
If one of my Agents is unable to sen	ve for any reason, 🔲 I au	thorize the remaining named Agent to
act as my sole Agent OR 🔲 I design	nate	, residing at
		, County of
		, to serve in that person's place.
If both of my Agents are unable to se	erve for any reason. I desid	anate
· •	•	,
		, State of
	as my Successor Agent.	
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Grant of General Authority

My Agent shall care for, manage, control, and handle all of my business, financial, property, and personal affairs in my name, place, and stead in as full and complete a manner in which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through such a representative and subject to any limitations on or additions to the specified powers inserted after the following:

(NOTICE: The Principal must write his or her initials in the corresponding blank space for each of the subdivisions (A) through (M) below for which the Principal WANTS to give the Agent authority. If the corresponding blank space for any particular subdivision is NOT initialled, NO AUTHORITY WILL BE GRANTED for those matters specified in the subdivision. ALTERNATIVELY, the letter corresponding to each power the Principal wishes to grant has been referenced in subdivision "(N)", and the Principal may initial in the blank space to the left of subdivision "(N)" in order to grant each of the powers so indicated.) (_____) (A) Real property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve, manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the _____, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt. () **(B) Tangible personal property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper. (____) (C) Stock and bond transactions. To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me. (____) **(D) Commodity and option transactions.** To buy, sell, exchange, assign, convey, settle, and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receipt for all proceeds of any such transactions; establish or continue option accounts for the Principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options which the Principal could if present and under no disability.



torney.

() Waive the Principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan. () Exercise fiduciary powers that the Principal has authority to delegate. () Disclaim or refuse an interest in property, including a power of appointment.
Limitation on Agent's Authority An Agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the Agent or a person to whom the Agent owes an obligation of support unless I have included that au-
thority in the Special Instructions.
Special Instructions (Optional) Additional powers, if any, that are not inconsistent with the other provisions of this Durable Power of Attorney:
The powers granted hereinabove shall not include the following powers or shall be modified or limited
in the following particulars:
Additional powers, if any, granted to the Agent with respect to any power listed above and not eliminated/struck out by the Principal:
Special Instructions for Gifts Special instructions applicable to gifts (initial in front of the following sentence to have it apply):
() I grant my Agent the power to apply my property to make gifts to individuals, charities, or to the Agent, up to the amount of \$500 per year, per individual or entity, without signature of the Principal, as the Agent determines to be in the Principal's best interest.
Authorization for an Agent to make gifts or transfers of \$500 or more requires the Principal to execute a Major Gifts Rider at the same time as the Durable Power of Attorney document.
() I grant my Agent the power to make major gifts and transfers of my property set forth under the Major Gifts Rider.
Nomination of Guardian or Conservator (Optional)
In the event that a court decides that it is necessary to appoint a Guardian of my person or Conservator of my estate, I hereby nominate, who resides
at, City of, County of, County of, to be considered by the court for
, State of, to be considered by the court for appointment to serve as my Guardian or Conservator, or in any similar representative capacity.

Effective Date [Choose one and only one option.] () This Durable Power of Attorney shall be effective immediately.
This Durable Power of Attorney shall take effect in the event that I become mentally and/or physically incapacitated, as determined and certified in writing by my treating physician, to such an extent that I am unable to independently make important decisions in regard to the management of my own property and finances.
Durable Provision
This Durable Power of Attorney shall not be affected by any lapse of time, and shall not be affected by the subsequent incapacity of the Principal except as provided by statute in the State of, and all acts done by the Agent under the power granted herein during any
period of the Principal's disability or incapacity shall have the same effect and inure to the benefit of and bind the Principal and Principal's successors in interest as if the Principal were competent and not disabled.
My Agent hereby accepts this appointment subject to its terms and agrees to act and perform in the said fiduciary capacity and observe the standards of care applicable to trustees as described by relevant statute consistent with my best interests as his, her, or their best discretion deem advisable, and I affirm and ratify all acts so undertaken.
If the Agent is a corporate Agent, the Agent shall not use my assets for its benefit, nor the benefit of its officers or directors.
If this Durable Power of Attorney is revoked or terminated, such revocation or termination for any reason in accordance with law shall be ineffective as to any Agent unless and until actual notice or knowledge of such revocation or termination shall have been received by the Agent.
My subsequent death shall not revoke or terminate the agency granted herein as to my Agent who, without actual knowledge of my death, acts in good faith under this Durable Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, shall bind my successors in interest.
Notice to Third Parties To induce any third-party to act hereunder, I hereby agree that any third-party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination shall have been received by such third-party, and I for myself and for my heirs, executors, legal representatives, and assigns, hereby agree to indemnify and hold harmless any such third-party from and against any and all claims which may arise against such third-party by reason of such third-party having relied on the provisions of this instrument.
THIS DURABLE POWER OF ATTORNEY MAY BE REVOKED OR AMENDED IN WRITING BY ME AT ANY TIME.
Quetro - +611 - 14-17-26 (date)
, Principal

(date)

₹date)

A Notary Public or other officer completing this certificate veri document to which this certificate is attached, and not the tri	
STATE OF OR GON	
COUNTY OF KUMMATH	
On Vecember 17, 2019, before me, before me, letary Public, personally appeared 1007 e y 7 e mess, who proved to me on the basis of satisfactory is/are subscribed to the within instrument and ackno same in his/her/their authorized capacity(ies), and that the person(s), or the entity upon behalf of which the person(s).	evidence to be the person(s) whose name(s) wledged to me that he/she/they executed the t by his/her/their signature(s) on the instrument
I certify under PENALTY OF PERJURY under the laws that the foregoing paragraph is true and correct.	• •
WITNESS my hand and official seal.	
Wirveoo my mana ana omolar soal.	
Signature of Notary	JPM 12/17/19
Cignature of Hotary	OFFICIAL SEAL
Affiant Known Produced ID	JONATHAN OWEN PRIDDLE-MITCHELL
Type of ID OR DC	NOTARY PUBLIC - OREGON COMMISSION NO. 962008 MY COMMISSION EXPIRES MAY 21, 2021
(Seal)	4
AGENT'S SIGNATURE AND	ACKNOWLEDGMENT
I,, am the penamed in this document and acknowledge my legal do	erson identified as the Agent for the Principal uties.
	W Jones
Date Signatu	re
Second Agent Acknowledgment (if applicable)	
I,, am the pe	erson identified as the Agent for the Principal
named in this document and acknowledge my legal de	uties.

Signature

Date

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

STATE OF OCCOUNTY OF Matheu)
I, Michael Foust, certify under penalty of perjury that <u>audicy</u> foust granted me authority as Agent or Successor Agent in a power of attorney dated 12/6/19.
I further certify that to my knowledge:
(1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
(2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred; and
(3) if I was named as a Successor Agent, the prior Agent is no longer able or willing to serve. Agent Signature and Date
Printed Name of Agent, Address, and Phone Number Michael Foust SNAKE RIVER CORRECTIONAL INSTITUTION 777 STANTON BOULEVARD ONTARIO, OR 97914
Phone:
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.
On <u>December Le</u> , 20 19, before me, <u>Hand Dawn M. Eden</u> , a Notary Public, personally appeared <u>Michael Wayne Fount</u> , 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.
that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. Signature of Notary OFFICIAL STAMP DAWN MARIE EDEN NOTARY PUBLIC - OREGON COMMISSION NO. 972318 MY COMMISSION EXPIRES MARCH 26, 2022
Affiant Known Produced ID Type of ID Doc ID = 14590873 (Seal)