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03/20/2020 12:51:30 PM

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Lesa Butter  
Returned at Counter

## POWER OF ATTORNEY

**THIS Power of Attorney is given by me, Peggy L Cronin (the "Principal"), presently of 27052 264 Ave, Moulton, in the State of Iowa, on this 21st day of February, 2020.**

### Previous Power of Attorney

1. **I REVOKE** any previous power of attorney granted by me.

### Attorney-in-fact

2. **I APPOINT** Jeffrey P Cronin, of 1202 Thomas Drive, Klamath Falls, Oregon, to act as my Attorney-in-fact.

### Governing Law

3. This document will be governed by the laws of the State of Oregon. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Oregon at any time he or she may be acting on my behalf.

### Liability of Attorney-in-fact

4. My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

### Effective Date

5. This Power of Attorney will not come into effect until 12:01 AM local time on the 21st day of February, 2020, and will cease to be in effect upon a finding of my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

### Powers of Attorney-in-fact

6. My Attorney-in-fact will have the following power(s):

### Initials

*RL* **Real Estate Transactions**

- a. To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:
  - i. Purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein; and
  - ii. Execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

**Attorney-in-fact Compensation**

7. My Attorney-in-fact will be compensated as follows:

- a. My Attorney-in-fact will be reimbursed for all out of pocket expenses associated with the carrying out of my wishes; and
- b. A Handshake.

**Co-owning of Assets and Mixing of Funds**

8. My Attorney-in-fact may not mix any funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.

**Personal Gain from Managing My Affairs**

9. My Attorney-in-fact is not allowed to personally gain from any transaction he or she may complete on my behalf.

**Delegation of Authority**

10. My Attorney-in-fact may not delegate any authority granted under this document.

**Reporting Requirements**

11. My Attorney-in-fact is required to prepare financial reports every twelve months, starting twelve months following the determination of my incapacity, detailing income, expenses, and any change in the value of assets over the previous twelve month period. These reports will be sent within one month of the due date to:

Name: Peggy Cronin  
Address: 27052 264 Ave  
City/State: Moulton, Iowa 52572

**Attorney-in-fact Restrictions**

12. This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

**Notice to Third Parties**

13. Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of my Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the Principal or to the Principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by this Power of Attorney up to the point of revocation of this Power of Attorney. Revocation of this Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

**Severability**

14. If any part of any provision of this document is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this document.

**Acknowledgment**

15. I, Peggy L Cronin, being the Principal named in this Power of Attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Power of Attorney;
- b. I am of legal age in the State of Oregon to grant a Power of Attorney; and

c. I am voluntarily giving this Power of Attorney.

**IN WITNESS WHEREOF** I hereunto set my hand and seal at the City of Weslaco in the State of Texas, this 21st day of February, 2020.

**SIGNED, SEALED, AND DELIVERED**

in the presence of:

Witness: Lesa R. Butler (Sign)

Witness Name: Lesa R. Butler

Address: 1202 Thomas Dr  
Klamath Falls, OR 97603

Witness: Rebecca Maldonado (Sign)

Witness Name: Rebecca Maldonado

Address: 214 Murray Dr  
Donna, TX 78537

Peggy L. Cronin

Peggy L. Cronin (Principal)

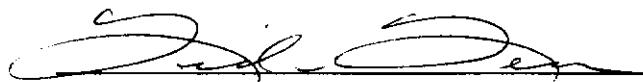
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**NOTARY ACKNOWLEDGMENT**

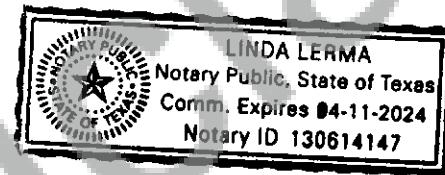
STATE OF TEXAS

COUNTY OF Hidalgo

The instrument was acknowledged before me on the 21st day of February, 2020, by Peggy L Cronin.



Notary Public



My commission expires: 4/14/2024