07/16/2020 10:39:52 AM

Fee: \$97.00

OREGON DURABLE FINANCIAL POWER OF ATTORNEY

Kennoll Kendall III Returned at Counter

I, Anna Stella Andreiko, the principal, of 1000 Town Center Drive, Apt 3204, Klamath Falls, State of Oregon, hereby designate Kenneth K. Kendall III, of 6838 Dunlin Ln., Klamath Falls, State of Oregon, my attorney-in-fact (hereinafter my "attorney-in-fact"), to act as initialed below, in my name, in my stead and for my benefit, hereby revoking any and all financial powers of attorney I may have executed in the past. **EFFECTIVE DATE** $^\prime$ I grant my attorney-in-fact the powers set forth herein immediately upon the execution of this document. These powers shall not be affected by any subsequent disability or incapacity I may experience in the future. **POWERS OF ATTORNEY-IN-FACT** My attorney-in-fact shall exercise powers in my best interests and for my welfare, as a fiduciary. My attorney-in-fact shall have the following powers: (Choose the applicable power(s) by placing your initials in the preceding space) BANKING - To receive and deposit funds in any financial institution, and to withdraw funds by check or otherwise to pay for goods, services, and any other personal and business expenses for my benefit. If necessary to effect my attorney-infact's powers, my attorney-in-fact is authorized to execute any document required to be signed by such banking institution. LENDING OR BORROWING - To make loans in my name; to borrow money in my name, individually or jointly with others; to give promissory notes or other obligations therefor; and to deposit or mortgage as collateral or for security for the payment thereof any or all of my securities, real estate, personal property, or other property of whatever nature and wherever situated, held by me personally or in trust for my benefit. **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. RETIREMENT PLAN - To contribute to, select payment option of, roll-over, and receive benefits of any retirement plan or IRA I may own, except my attorney-in-fact

shall not have power to change the beneficiary of any of my retirement plans or IRAs.

behalf, pay any taxes and assessments due and receive credits and refunds owed to me and to sign any tax agency documents necessary to effectuate these powers.

TAXES - To complete and sign any local, state and federal tax returns on my

AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

LIABILITY OF ATTORNEY-IN-FACT: My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.

AMENDMENT AND REVOCATION: I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

STATE LAW: This Power of Attorney is governed by the laws of the State of Oregon.

PHOTOCOPIES: Photocopies and electronic copies of this document can be relied upon as though they were originals.

IN WITNESS WHEREOF, I have on this 5 day of _______, 2017 executed this Financial Power of Attorney.

Principal's Signature

STATE OF Oregon

Klamath County, ss.

On this _______, day of ________, 2017, before me appeared Anna Stella Andrejko, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

My commission expires: January 262021

SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

I, Kenneth K. Kendall III, the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument.

Attorney-in-Fact's Signature

STATE OF Oregon

Klamath County, ss.

On this <u>S</u> day of <u>October</u>, 20<u>17</u>, before me appeared <u>Kenneth K.</u> <u>Kendall III</u>, as Attorney-in-Fact of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed the foregoing acceptance of appointment and acknowledged that (s)he executed the same as his/her free act and deed.

OFFICIAL STAMP CHRISTOPHER LEE RENEAU NOTARY PUBLIC - OREGON COMMISSION NO. 958476 COMMISSION EXPIRES JANUARY 26, 2021

My commission expires: January 26, 202 (