

Alan Christmas
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2020-011133

Klamath County, Oregon



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DURABLE POWER OF ATTORNEY

ARTICLE I. DECLARATIONS AND PURPOSE

1.1 This durable power of attorney shall take effect upon its execution unless some other date is specified.

1.2 I, SHARON L. FLOCCHINI, appoint TERESA G. KERN of Colorado Springs, Colorado and TAMARA R. HENDERSON of Vancouver, Washington, as my Co-Attorneys-In-Fact with full power to carry out those acts specified in Article II in accordance with any limitations imposed herein. In the event either TERESA G. KERN or TAMARA R. HENDERSON become unable to continue to act as co-Attorneys-In-Fact due to death, illness, or other serious limitation impacting the performance of their duties, upon written notice the other shall be authorized to act alone. If both TERESA G. KERN and TAMARA R. HENDERSON become unable to continue to act, *only* in that circumstance I then appoint TODD G. FLOCCHINI as my Third Alternate Attorney-In-Fact. This durable power of attorney shall be not affected by my subsequent disability or incapacity.

1.3 My Attorneys-in-Fact shall use this durable power of attorney and exercise said power as granted herein.

ARTICLE II. POWERS GRANTED

2.1 The following powers are granted to my Attorneys-In-Fact to be used for my benefit and on my behalf in accordance with the direction specified herein. The powers shall apply to all property I currently have any right, title or interest in, and to any such property I may acquire any right or interest in, in the future.

2.2 As to any assets, real or personal, standing in my name, held for my benefit or acquired for my benefit, I confer the following powers upon my Attorneys-In-Fact:

1. Support.

To make expenditures for my care, maintenance, support and general welfare, and to distribute such sums as are necessary for the care, maintenance, education and support of members of my immediate family who are or become dependent upon me for support.

2. Management.

To take possession of, manage, administer, operate, maintain, improve and control all my property, real and personal; to insure and keep the same insured; and to pay any and all taxes, charges and assessments that may be

levied or imposed upon such property.

3. Mail.

To redirect, open and review my mail, e-mail and other communications of whatsoever kind or howsoever directed to me.

4. Custody of Papers.

To take custody of my Will, deeds, life insurance policies, contracts, securities or other important papers.

5. Debts.

To pay my just debts and other obligations.

6. Legal Rights.

To apply for Government and insurance benefits, including social security and veteran's benefits, to arrange for transportation, and to partition community property to create separate property for me.

7. Employment.

To hire and pay from my funds for counsel and services of professional advisors, physicians, brokers, dentists, accountants, workmen, clerks, attorneys, investment counselors and other health care professionals. This power shall include the right to discharge said persons.

8. Bank Accounts.

As to any commercial, checking, savings, credit union, savings & loan, money market, Treasury bills, mutual fund accounts, safe deposit boxes, individual retirement accounts, 403b accounts, railroad retirement pensions, benefits, and any and all similar or related accounts (including deferred compensation accounts) to open, withdraw, rollover, deposit into, close, borrow from, transfer modify or take any action affecting those accounts (including making elections) that I may take myself.

9. Pensions, Retirement Benefits & Accounts.

As to any retirement benefits or accounts including, but not limited to, military pensions, government pension benefits, 401K, individual retirement accounts, 403B accounts, railroad retirement pensions/benefits, and any and all similar or related accounts (including deferred compensation accounts) to open, withdraw, rollover, deposit into, close, borrow from, transfer, modify or take any action affecting those accounts (including making elections) that I may make myself.

10. Accounts, Notes & Checks.

As to any promissory note receivable, checks, drafts, secured or unsecured, or any accounts receivable – to collect on, compromise, endorse, borrow against, hypothecate, release, discount and reconvey that note and any related deed of trust or other security. (This shall include any payments to me drawn on the Treasury of the United States or any state or territory thereof.)

11. Stocks & Bonds.

As to any shares of stock, bonds, mutual funds, money market funds, futures of any kind, options of any kind, or any documents, or any documents or instruments defined as securities under law – to open accounts with stock brokers (on cash or on margin), buy, sell, endorse, assign, deliver, transform hypothecate and borrow against for any price and upon any terms as my Attorney-In-Fact shall deem reasonable, and to collect payment thereon.

12. Treasure Bonds.

To purchase US Treasury bonds or other instruments redeemable at par in payment of federal estate taxes.

13. Personal Property.

To manage tangible personal property, including but not limited to moving, storing, selling, donating, leasing, exchanging or otherwise disposing of said property.

14. Real Property.

As to any real property, to collect rents, disburse funds, keep in repair, hire professional property managers, lease to tenants, negotiate and renegotiate leases, borrow against, renew any loan, and or sign any documents involving any transaction with real property, including but limited to the right to purchase, acquire, take title to, convey, sell, contract to sell, exchange and/or dispose of any of the real property. This power shall include the right to claim any homestead exemption available to me.

15. Taxes.

To sign and file on my behalf all city, county, state, federal and other governmental or quasi-governmental tax returns or reports, including income, gift, sales, business, and property tax returns or reports of every kind; to execute waivers, extension agreements, settlement agreements, and closing agreements with respect to those returns and to appear for me, in person or by attorney, and represent me before the United States Treasury Department or the Oregon Department of Revenue or the taxing authority of any other state or governmental entity.

16. Estate Interests.

To sign and deliver a valid disclaimer under the Internal Revenue code and the Probate code, when, in the judgment of the Attorney-in-Fact, my own and my heirs' best interests would be served; to that end, to hire and to pay for legal and financial counsel to make that decision as to whether to file that disclaimer.

17. Gifts.

To make gifts to my children, grandchildren or other persons related to me conforming to gift patters made in earlier years, provided that significant planning and care is given to my future needs.

18. Trusts.

To transfer and/or contribute assets to trusts and receive income and/or principal from such trusts in accordance with their terms, provided the person exercising this power shall not have the power to revoke or amend any trust.

19. Elective Share Claim.

To claim an elective share of the estate of my deceased spouse.

20. Renunciations.

To renounce fiduciary positions.

21. Possession.

To take possession of, manage, maintain, operate, repair and improve any and all real or personal property now or hereafter belonging to me, to pay the expense thereof, to insure and to pay any and all taxes, charges and assessments that may be levied or imposed upon any thereof.

22. Merchandise.

To buy, sell and generally deal in and with goods, wares and merchandise of every name, nature and description and to hypothecate, pledge and encumber the same.

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23. Collect.

To ask for, demand, recover, collect, and receive all monies, debts, rents, dues, accounts, legacies, bequests, interests, dividends and claims

whatsoever which are now or which hereafter may become due, owing and payable to belonging to me and to have, use and take all lawful ways and means in my name for the recovery of any thereof by attachments, levies or otherwise.

24. Bankruptcy.

To prepare, execute and file any proof of debt/claim and other instruments in any court and to take any proceedings under the Bankruptcy Act in connection with any sum of money or demand or payable to me in any such proceedings to vote in my name for the election of any trustee or trustees and to demand, receive and accept any dividend or distribution whatsoever. Also to file for relief, on my behalf, under any bankruptcy statute.

25. Settle.

To adjust, compromise or submit to arbitration any account, debt, claim, demand or dispute as well as matters which are now subsisting or hereafter may arise between me or my said attorney and any other person or persons.

26. Mineral Rights.

To make, execute and deliver any and all manner of contracts with reference to minerals, oils, gas, oil and gas rights, rents and royalties, including agreements facilitating exploration for and discovery of oil, mineral and deposits.

27. Suits or Actions.

To commence and prosecute and to defend against, answer and oppose all actions, suits or proceedings touching any of the matters aforesaid or any other matters in which I am or hereafter may be interested or concerned, including matters in State, Federal and Bankruptcy Court.

28. Proxy.

To vote any stock in my name as proxy.

29. Safety Deposit Box.

To have access to any safety deposit box which has been or may be rented in my name or in the name of myself and any other person or persons.

30. Execution of Documents.

In connection with any of the powers herein granted, to sign, make, execute, acknowledge and deliver in my name any and all deeds, contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt,

obligations, mortgages, pledges, satisfactions, releases, acquittance, receipts, bonds, writs and any and all other instruments, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as my said Attorneys-In-Fact may seem right, proper and expedient. All such documents shall require the signature of both co-Attorneys-In-Fact, with the exception of medical decision, including emergent or routine medical care which can be authorized by either or both of my said Attorneys-In-Fact if they are both available.

31. ORS 127.005.

I expressly declare that I am familiar with the provisions of ORS 127.005 and that the powers of my attorney herein described shall be exercisable by my said attorney on my behalf, notwithstanding that I may become disabled or incompetent.

32. Substitution and Delegation.

To appoint and substitute for my agent any other agents, nominees , or attorneys as my agent, to select or exercise any or all of the powers herein and to revoke any such other agent's authority.

33. General Authority For Agents.

I authorize my agent for me and in my name, generally and as directed by my Attorneys-In-Fact, to do and perform every act and thing necessary or desirable to conduct, manage, and control all my business and my property, whether now owned or later acquired, as my agent may deem for my best interest and to execute and acknowledge any and all instruments necessary or property to carry out the foregoing powers, hereby releasing all third persons from responsibilities for my agent's acts and omissions; and, I empower my agent to indemnify all such persons against loss, expense and liability.

34. Emergencies.

Attorneys-In-Fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of my disabled or incompetent spouse, if any.

35. Disclaimer.

To renounce and disclaim any property or interest in property or powers to which I may become entitled, and to file any such disclaimer with appropriate courts or persons and to consider my estate planning and the

reduction of estate taxes in exercising such powers; including but not limited to, to exercise in whole or in part any right to claim, appoint, disclaim, waive or release, any interest or share in any power or property 1) passing by Will or Trust or intestate succession, including elective share, spousal support, and other marital property rights, 2) any property passing by beneficiary designation pursuant to the terms of any financial or brokerage account, IRA, Roth IRA, any qualified or nonqualified retirement plan, or any annuity or life insurance contract, 3) any property passing by law or by right of survivorship, and 4) any general or special power of appointment. To sever any joint tenancy with right of survivorship, creating a tenancy in common without survivorship instead. To take all steps required to qualify a disclaimer under state and federal laws, including Section 2518 of the Internal Revenue Code, or any successor statute. The exercise of these powers shall be 1) consistent with my then-existing documented, probate and non-probate estate plan, 2) shall not jeopardize the quality of the personal care and health care I may receive, and 3) if otherwise qualifying under my estate plan, may be exercised by my Attorneys-In-Fact to benefit my Attorneys-In-Fact and members of my Attorneys-In-Fact's family.

2.3 DEATH UNCERTAINTY. This durable power of attorney shall remain in effect to the extent permitted by law or until revoked or terminated, notwithstanding any uncertainty as to whether the principal is dead or alive.

2.4 REVOCATION. This durable power of attorney may be revoked, suspended or terminated by written revocation. This durable power of attorney when given to a spouse is deemed to be revoked by filing of a petition for dissolution of marriage in any State or nation.

2.5 ACTUAL DEATH. The death of a principal shall be deemed to revoke this durable power of attorney upon actual knowledge or actual notice of this being received by the Attorney-In-Fact.

2.6 ACCOUNTING. The Attorney-In-fact shall be required to account to any subsequently appointed personal representative or other fiduciary and to me.

2.7 RELIANCE. The designated and acting Attorney-In-Fact and all persons dealing with the Attorney-In-Fact, shall be entitled to rely upon this power of attorney so long as neither the Attorney-In-Fact, nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable shall be binding on the heirs, devisees, legatees or personal representatives of the principal.

2.8 INDEMNITY. The estate of the principal shall hold harmless and indemnify the attorneys-in-fact from all liability for acts done in good faith and not in fraud of the principal.

2.9 CHOICE OF LAWS. The laws of the State of Oregon shall govern this power of attorney.

2.10 CONSTRUCTION. In construing this durable power of attorney, it is to be understood that the undersigned may be more than one person or a corporation and that, therefore, if the context so requires, the singular pronoun shall be taken to mean and include the plural, the masculine, the feminine and the neuter and that generally all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to more than one individual.

IN WITNESS WHEREOF, I, SHARON L. FLOCCHINI, have hereunto signed this instrument on this 3 day of ~~June~~ ^{July}, 2018.


SHARON L. FLOCCHINI

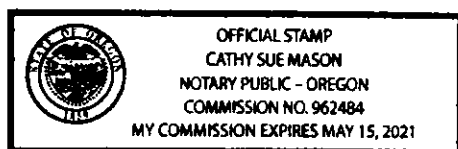
STATE OF OREGON)

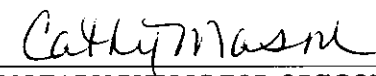
: ss.

County of Klamath)

BE IT REMEMBERED that on the 3rd day of ~~June~~ ^{July}, 2018, before me, a Notary Public in and for said County and State, personally appeared SHARON L. FLOCCHINI, known to me to be the identical person described in and who executed the foregoing Durable Power of Attorney and acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this, the day and year last hereinabove written.




NOTARY PUBLIC FOR OREGON
My Commission Expires: May 15, 2021

Durable Power of Attorney for Healthcare Decisions

■ Take a copy of this with you whenever you go to the hospital or on a trip ■

It is important to choose someone to make healthcare decisions for you when you cannot make or communicate decisions for yourself. Tell the person you choose what healthcare treatments you want. The person you choose will be your agent. He or she will have the right to make decisions for your healthcare. If you DO NOT choose someone to make decisions for you, write NONE on the line for the agent's name.

I, GERALD E. FLOCCINI SS# (WAIVED) (optional), appoint the person named in this document to be my agent to make my healthcare decisions.

This document is a Durable Power of Attorney for Healthcare Decisions. My agent's power shall not end if I become incapacitated or if there is uncertainty that I am dead. This document revokes any prior Durable Power of Attorney for Healthcare Decisions. My agent may not appoint anyone else to make decisions for me. My agent and caregivers are protected from any claims based on following this Durable Power of Attorney for Healthcare. My agent shall not be responsible for any costs associated with my care. I give my agent full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment, including artificially supplied nutrition and hydration/tube feeding. My agent is authorized to

- Consent, refuse, or withdraw consent to any care, procedure, treatment, or service to diagnose, treat, or maintain a physical or mental condition, including artificial nutrition and hydration;
- Permit, refuse, or withdraw permission to participate in federally regulated research related to my condition or disorder
- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organization; and, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as he or she shall deem necessary for my physical, mental, or emotional well-being;
- Request, receive, review, and authorize sending any information regarding my physical or mental health, or my personal affairs, including medical and hospital records; and execute any releases that may be required to obtain such information;
- Move me into or out of any State or institution;
- Take legal action, if needed;
- Make decisions about autopsy, tissue and organ donation, and the disposition of my body in conformity with state law; and
- Become my guardian if one is needed.

In exercising this power, I expect my agent to be guided by my directions as we discussed them prior to this appointment and/or to be guided by my Healthcare Directive (see reverse side).

If you DO NOT want the person (agent) you name to be able to do one or other of the above things, draw a line through the statement and put your initials at the end of the line.

Agent's name TERESA G. KERN Phone 541-891-2926 Email tkern58@gmail.com
Address 3930 VALLEY VIEW ST COLORADO SPRINGS, CO 80906

If you do not want to name an alternate, write "none." AND/OR

Alternate Agent's name JAMARA R. HENDERSON Phone 360-907-8882 Email henderson.TAMI@gmail.com
Address 304 NE 134TH CIRCLE VAN COUVER, WA 98685

Execution and Effective Date of Appointment

My agent's authority is effective immediately for the limited purpose of having full access to my medical records and to confer with my healthcare providers and me about my condition. My agent's authority to make all healthcare and related decisions for me is effective when and only when I cannot make my own healthcare decisions.

SIGN HERE for the Durable Power of Attorney and/or Healthcare Directive forms. Many states require notarization. It is recommended for the residents of all states. Please ask two persons to witness your signature who are not related to you or financially connected to your estate.

Signature Gerald E. Floccini Date 7/3/18
Witness Colleen Date 7/3/18 Witness Mum Date 7-3-18

Notarization:

On this 3rd day of July, in the year of 2018, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of Klamath, State of Oregon, on the date written above.

Notary Public Cathy Mason

Commission Expires May 15, 2021



OFFICIAL STAMP
CATHY SUE MASON
NOTARY PUBLIC - OREGON
COMMISSION NO. 962484
MY COMMISSION EXPIRES MAY 15, 2021