2021-004469 Klamath County, Oregon



03/25/2021 11:23:26 AM

Fee: \$87.00

GENERAL POWER OF ATTORNEY- OREGON

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS DOCUMENT DOES NOT AUHORIZE ANYONE TO MAKEMEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOUR. IF THERE ISANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOUSHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNET IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Caref Jours Joks	
of 2929 Cartesst Klamath Falls of 97601	
the undersigned Grantor, do hereby make and grant a general power of attorney to	
Charles Duch Murclock	
and do thereupon constitute and appoint said individual as my attorney-in-fact.	
My attorney-in-fact shall act in my name, place and stead in any way which I myself could	d

My attorney-in-fact shall act in my name, place and stead in any way 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 an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a bow below with respect to each of the subdivisions (A) through (N) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NOAUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- (A) Real estate transactions
 (B) Tangible personal property transactions
 (C) Bond, share and commodity transactions
- (D) Banking transactions (E) Business operating transactions
- **♦**\$] (F) Insurance transactions
- شا (G) Gifts to charities and individuals other than Attorney-in-Fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- (H) Claims and litigation
- 为](I) Personal relationships and affairs 人](J) Benefits from military service
- (K) Records, reports and statements
- (L) Full and unqualified authority to my attorney-in-fact to delegate any or a ll of the foregoing powers to any persons whom my attorney-in-fact shall select
 - (M) All other matters

Other Terms:

OREGON

GENERAL POWER OF ATTORNEY

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken. TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HERBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILIE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OF KNOWLEDGE OF REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVE AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY

ARISE AGAINST SUCH THIRD PARTY BY REAS	
HAVING RELIED ON THE PROVISIONS OF THIS	S INSTRUMENT.
Signed under this 2577 day	of March
,20 2	
Signed in the presence of:	
Carollouse Josho	
Witness Grantor	
Charles D. Murebook	
Witness Attorney-in-Fact	
State of Oregon	
County of Klamath	
On 3-75.7071 before me,	
Appeared Cascl L. Socks	
Personally known to me (or proved to me on the basis	of satisfactory evidence) to be the
person(s) whose name(s) is/are subscribed to this with	
that he/she/they executed the same in his/her/their au	thorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person	n(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.	
WITNESS my hand and official seal.	
WITNESS my hand and official seal. Signature	
(Maria E Bayue	
State of obeson	OFFICIAL STAMP
Kla -	MARIA EUGENIA PAYNE
Mane a Ca County	NOTARY PUBLIC - OREGON COMMISSION NO. 983487
7	MY COMMISSION EYRIRES IAMI IARY SO 2000

MY COMMISSION EXPIRES JANUARY 28, 2023