

After Recording Return to:

Christopher Walker
PO BOX 116
Crescent, OR 97733
457303 AM

(Space for Recorder's Use)

2021-008146

Klamath County, Oregon

05/21/2021 11:51:01 AM

Fee: \$97.00

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, James R Walker

5939 Pine Ct.

Weed Ca 96094

(YOUR NAME AND ADDRESS)

appoint Christopher James Eric Walker

5701 Brook lane

Weed Ca 96094

(NAME AND ADDRESS OF THE PERSON APPOINTED, OR OF EACH PERSON APPOINTED IF YOU WANT TO DESIGNATE MORE THAN ONE)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- ☒ (A) Real property transactions.
☒ (B) Tangible personal property transactions.
☒ (C) Stock and bond transactions.
☒ (D) Commodity and option transactions.
☒ (E) Banking and other financial institution transactions.
☒ (F) Business operating transactions.
☒ (G) Insurance and annuity transactions.
☒ (H) Estate, trust, and other beneficiary transactions.

INITIAL

- ☒ (I) Claims and litigation.
☒ (J) Personal and family maintenance.
☒ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
☒ (L) Retirement plan transactions.
☒ (M) Tax matters.
☒ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT. If you need help with any of this contact

Earl Lee 530-842-6669/ James Brosio 1-360-943-9947

Mark Kent 530-221-0101 North State Consultants

Talk to your mama as a last resort

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act _____.
IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 20th day of May, 2010.
James R Walker 548-70-4697
James R Walker (YOUR SIGNATURE) 6/1/10 (YOUR SOCIAL SECURITY NUMBER)
State of California County of Siskiyou

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF CALIF.
COUNTY OF SISKIYOU
On 6/1/10 before me, LISA M. BRAY/NOTARY
PUBLIC (NAME, TITLE OF OFFICER-I.E. "JANE DOE, NOTARY PUBLIC")
personally appeared JAMES R. WALKER

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 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.

WITNESS MY HAND AND OFFICIAL SEAL.

[Signature]
(Signature)



STATE OF Oregon)
County of Deschutes) ss.

[Signature on the following page.]

SIGNATURE AND ACKNOWLEDGMENT

By: 
Agent's Signature

Date: April 21st, 2021.

Agent's Name Printed: Christopher Walker

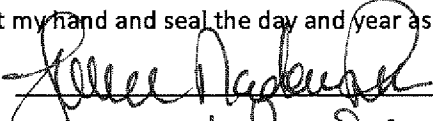
Agent's Address: 136755 Salmon Dr
Crescent OR 97733

Agent's Phone Number: 530-905-8056

STATE OF Oregon,
County of Deschutes) ss.

On the 21st day of April, 2021, before me, the undersigned Notary Public, personally appeared Christopher J. Walker known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written.


Notary Public for State of Oregon
Residing at Lane
Commission Expires: Sept 23 24

