RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:

2021-012547

Klamath County, Oregon

08/17/2021 11:26:01 AM

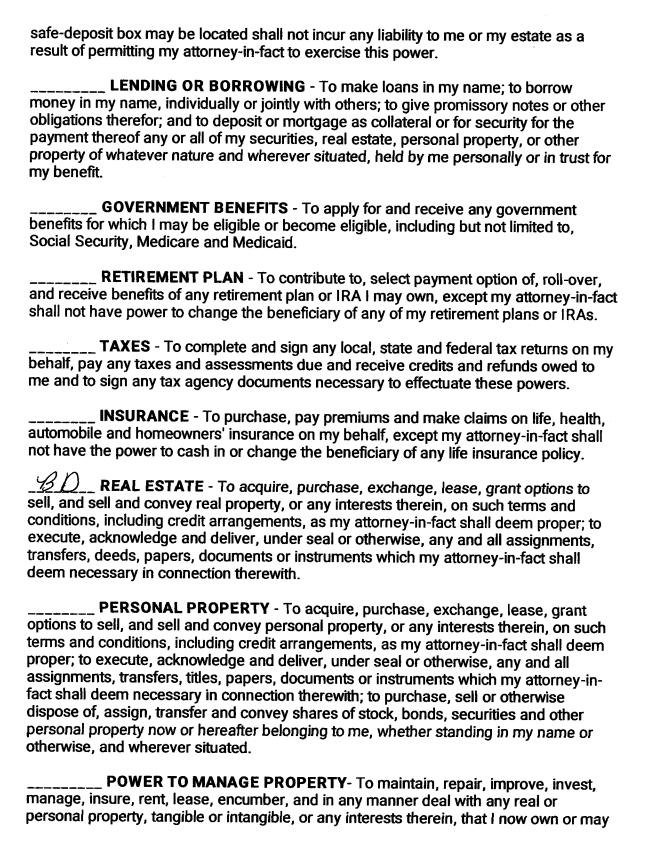
Fee: \$107.00



Any	error in this	cover sheet DOES NOT affect the		
	ction(s) contai	ned in the instrument itself.		
Refere	ence: 4766	662AM		
ادماد	a print or tu	inc information		
1.ea:		pe information. ECORDING RETURN TO –		
		ORS 205.180(4) & 205.238:		
	Name:	DeAnn Davis		
	Address:	3249 Hammer St.		
	City, ST Zip:	Klamath Falls, OR 97603		
2.	Note: "Trans	e or release affecting title to or an interest in real pro	law to perty. I	be recorded, including, but not limited to, any transfer, Enter descriptive title for the instrument:
3.		ARTY / GRANTOR Names and Address and Seller; for Mortgages/Liens list Borrower/Dene: Brian J. Davis		equired by ORS 205.234(1)(b)
	Grantor Nan	ne:		
4.		PARTY / GRANTEE Names and Addres		
••	Grantee Nan	nces list Buyer; for Mortgages/Liens list Beneficiary/line: DeAnn Davis	_ender/	Sieditoi
	Grantee Nan	ne:		
5.	For an instrument conveying or contracting to convey fee title, the information required by ORS 93.260: UNTIL A CHANGE IS REQUESTED, ALL TAX STATEMENTS SHALL BE SENT TO THE FOLLOWING ADDRESS:		6.	TRUE AND ACTUAL CONSIDERATION — Required by ORS 93.030 for an instrument conveying or contracting to convey fee title or any memorandum of such instrument: \$ 0
	Name:	No Change		
	Address:		_	
	City, ST Zip:		_	
_			ha ine	trument creates a lien or other interest that
7.		subject to tax foreclosure. – Required by O		
	Tax Acct. No	.: N/A		

DURABLE FINANCIAL POWER OF ATTORNEY

On the 25 day of June , 2021, Brian J. Davis the principal, of Klamath Falls, State of Oregon , hereby designate DeAnn Davis , of 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
(Choose the applicable paragraph by placing your initials in the preceding space)
<u>BD</u> - A. 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.
or
B. I grant my attorney-in-fact the powers set forth herein only when it has been determined in writing, by my attending physician, that I am unable to properly handle my financial affairs.
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.
SAFE DEPOSIT BOX - To have access at any time or times to any safe-deposit box rented by me or to which I may have access, wheresoever located, including drilling, if necessary, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe-deposit box; and any institution in which any such



my attorney-in-fact shall deem proper.
GIFTS - To make gifts, grants, or other transfers (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) without consideration, either outright or in trust to such person(s) (including my attorney-in-fact hereunder) or organizations as my attorney-in-fact shall select, including, without limitation, the following actions: (a) transfer by gift in advancement of a bequest or devise to beneficiaries under my will or in the absence of a will to my spouse and descendants in whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust
LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice to initiate or defend legal and administrative proceedings on my behalf, including actior against third parties who refuse, without cause, to honor this instrument.
SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting or extending the powers I give to my attorney-in-fact (Write "None" if no additional instructions are given):

hereafter acquire in my name and for my henefit upon such terms and conditions as

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.

REIMBURSEMENT OF ATTORNEY-IN-FACT: My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.

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			
PHOTOCOPIES : Photocopies of this document can be relied upon as though they were originals.			
IN WITNESS WHEREOF, I have on this <u>25</u> day of <u>June</u> , 20 <u>2</u>], executed this Financial Power of Attorney.			
Principal's Signature			
We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.			
Witness's Signature			
3455 CONCORD ST. EUGENE, OR. 97402 Address			
Witness's Signature <u>655 900 dpasture 15/and</u> rd apt 34 Address Eugene OR, 97401			
STATE OF Dreyon			
Klamath County, ss.			
On this 25 day of			

SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

I, <u>DeAnn Davis</u> , 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 <u>Overyon</u> Klamath County, ss.					
On this 25 day of June, 2021, before me appeared De Ann Davis, 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					
OFFICIAL STAMP COLTON SARGENT NOTARY PUBLIC - OREGON COMMISSION NO. 984593 MY COMMISSION EXPIRES FEBRUARY 25, 2023	Notary Public My commission expires: February 35, 2033				