2021-013111 Klamath County, Oregon



08/27/2021 10:24:39 AM

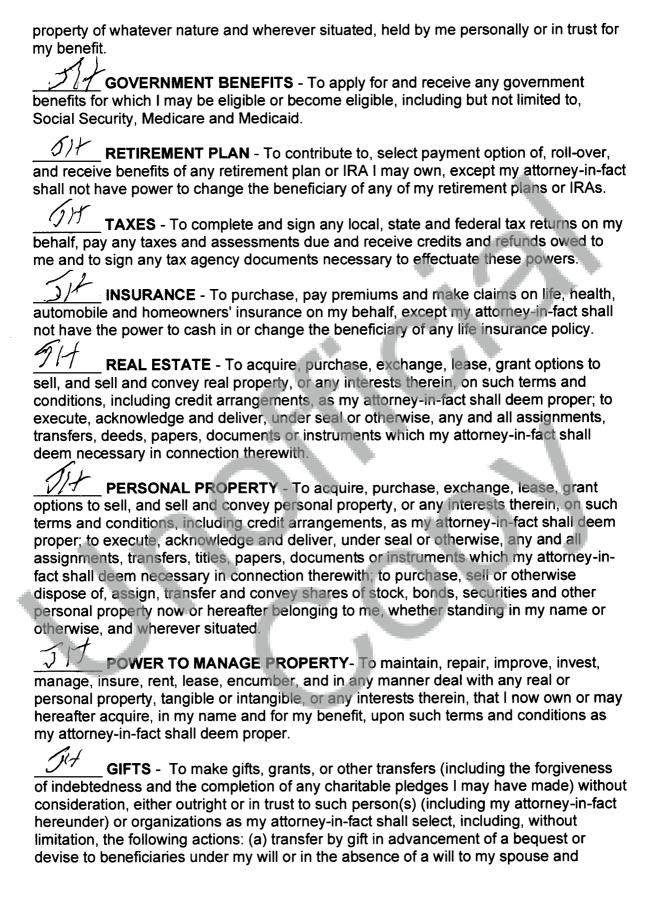
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Contract #517183

## **OREGON DURABLE FINANCIAL POWER OF ATTORNEY**

| I, Tody Holdren, the principal, of Klamath Falls, State of Oregon, hereby designate Klamath Falls, 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   |
|---|
| EFFECTIVE DATE  |
| (Choose the applicable paragraph by placing your initials in the preceding space)   |
| - 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 tented 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 safe-deposit box may be located shall not incur any liability to me or my estate as a result of permitting my attorney-in-fact to exercise this power. |
| 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



| 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 actions 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):   |
|  |
|  |
| 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. |
| <b>LIABILITY OF ATTORNEY-IN-FACT</b> : 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 Oregon.  |
| PHOTOCOPIES: Photocopies of this document can be relied upon as though they were originals.  |
| IN WITNESS WHEREOF, I have on this 35 day of Hugust, 2021, 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  |
|--|
| 5378 KNIGHTWOOD DR KLAMATH FALLS OR 97603  |
| Address  |
| D-AL   |
| Witness's Signature  |
| 5331 Sturdivert AVC Klanety fells on 97603   |
| Address  |
|  |
| STATE OF Oregon  Klamath County, ss.   |
|  |
| Klamath County, ss.  |
|  |
| On this 25th day of Avaist, 2021, before me appeared                               |
| Judy A Horizon, 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.   |
| Olcoche James  |
| Notary Public  |
| OFFICIAL STAMP   |
| NOTARY PUBLIC-OREGON My commission expires: 12/07/2024                             |
| COMMISSION NO 1006474  |

MY COMMISSION EXPIRES DECEMBER 07, 2024

## SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

| I, Kimberly Twalls, 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  County, ss.  On this 25 day of August, 2021, before me appeared Nimberly 3 WAIS, 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 HEIDI C JAMES NOTARY PUBLIC-OREGON   |
| NOTARY PUBLIC-OREGON COMMISSION NO. 1006474 My commission expires: 12 07 2024   |