

After Recording Return To:
Michael Cassista
P.O. Box 738
Kenai, AK 99611

2023-008334
Klamath County, Oregon



09/25/2023 11:13:25 AM Fee: \$97.00

POWER OF ATTORNEY

The powers granted from the principal to the agent or agents in the following document are very broad. They may include the power to dispose, sell, convey, and encumber your real and personal property. Accordingly, the following document should only be used after careful consideration. If you have any questions about this document, you should seek competent advice. You may revoke this power of attorney at any time.

Section 1. Designation of Agent. Pursuant to A.S.13.26.600, 13.26.625- 13.26.640, and 13.26.655 - 13.26.695

I, Michael Jon Cassista, 4475 W Sprucewood Dr, Wasilla, AK 99654
(Name and address of principal)

hereby designate the following person as my agent to act as I have indicated below in any way which I myself could do, if I were personally present, with respect to the following matters, as each of them is defined in AS 13.26.665, to the full extent that I am permitted by law to act through an agent:

Name of individual you choose as your agent: Achilles Jon Cassista

Address of agent: 856 Main St, New London, NH 03257

Telephone contact of agent: (603) 748-3602

If you wish to name a second person to serve as your agent, please complete the section below:

Name of second individual you choose as your agent: Christina Ann Kilby

Address of second agent: 100 Bunnell St Unit 1A, Anchorage, AK 99508

Telephone contact of second agent: (907) 538-2990

Section 2. If you have appointed more than one agent in Section 1 above, mark one of the following:

X Each agent may exercise the powers conferred separately, without the consent of any other agent.

 All agents shall exercise the powers conferred jointly, with the consent of all other agents.

Section 3. Mark the boxes below to indicate the powers you want to give your agent or agents. Mark the box for "yes" that is opposite a category below to give your agent or agents the power in that category. If you do not mark a box opposite a category, your agent or agents will not have the power in that category.

	<u>YES</u>
(A) Real estate transactions	☒
(B) Transactions involving tangible personal property, chattels, and goods	☒
(C) Bonds, shares, and commodities transactions	☒
(D) Banking transactions	☒
(E) Business operating transactions	☒
(F) Insurance transactions	☒
(G) Estate transactions	☒
(H) Retirement plans	☒
(I) Claims and litigation	☒
(J) Personal relationships and affairs	☒
(K) Benefits from government programs and civil or military service	☒
(L) Records, reports, and statements	☒
(M) Voter registration and absentee ballot requests	☒
(N) All other matters	☒
(O) Only these powers specified below:	☐

Section 4. Grant of Specific Authority (optional)

The agent or agents you have appointed WILL NOT have the power to do any of the following acts UNLESS you MARK the box opposite that category:

- ☒ create, amend, revoke, or terminate an inter vivos trust;
- ☒ make a gift, subject to the limitations of AS 13.26.665(q) and any special instructions in this power of attorney;
- ☒ create or change a beneficiary designation;
- ☒ revoke a transfer on death deed made under AS 13.48;
- ☒ create or change rights of survivorship;
- ☒ delegate authority granted under the power of attorney;
- ☒ waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan;
- ☒ exercise fiduciary powers that the principal has the authority to delegate.

DURABLE POWER OF ATTORNEY OPTIONS

Sections 5, 6, and 7 allow you to choose when you want it to go into effect and whether or not you want this to be a durable power of attorney. *Note: If you want this to be a durable power of attorney, do not limit the term of this document in the sections below.*

Section 5. To indicate when this document shall become effective, mark one of the following:

- ☒ This document shall become effective upon the date of my signature.
- ☐ This document shall become effective upon the date of my incapacity and shall not otherwise be affected by my incapacity.

Section 6. If you have indicated that this document shall become effective on the date of your signature, mark one of the following:

- ☒ This document shall not be affected by my subsequent incapacity.
- ☐ This document shall be revoked by my subsequent incapacity.

Section 7. If you have indicated that this document shall become effective upon the date of your signature and want to limit the term of this document, complete the following:

This document shall only continue in effect until _____, 20____.

(Month/Day) (Year)

Section 8. Notice of revocation of the powers granted in this document.

You may revoke all of the powers granted in this document, or just specific powers. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney. Or you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke.

Section 9. Notice to Third Parties

A third party who relies on the reasonable representations of an agent as to a matter relating to a power granted by a properly executed statutory form power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the agent to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the agent, the principal's heirs, assigns, or estate for civil penalty, plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the incapacity of the principal, the incapacity of the principal is established by an affidavit, as required by law.

Optional Provisions

Section 10. You may designate an alternate agent. Any alternate you designate will be able to exercise the same powers as the agent(s) you named at the beginning of this document. If you wish to designate an alternate, complete the following:

If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

Alternate or successor agent _____
(Name and address of alternate)

Section 11. You may nominate a guardian or conservator. If you wish to nominate a guardian or conservator, complete the following:

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate the following person to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

Person nominated as guardian or conservator: Christina Ann Kilby, 100 Bunnell St Unit 1A, Anchorage,
(Name and address of guardian or conservator) AK 99508

Section 12. If you have given an agent authority regarding health care services, complete the following:

_____ I have executed a separate declaration under AS 13.52 known as an "Alaska Advance Health Care Directive."

X I have not executed an "Alaska Advance Health Care Directive."

Section 13. Signatures.

In Witness Whereof, I have hereunto signed my name this 19th day of September, 2019.

M. [Signature] 9/19/2019

(Signature of principal)

STATE OF ALASKA)
) ss.
__ JUDICIAL DISTRICT)



Acknowledged before me at The Ups-store 2050 on the 19 day of Sept, 2019

[Signature]
Signature of officer or notary

06/07/2023
Serial number, if any; date commission expires.

OPTIONAL: If a person other than the principal executes the signature for the principal, the person may not be a person who is appointed an agent in the power of attorney, and the following signature line and notary verification must also be completed:

IN WITNESS WHEREOF, I have hereunto signed my name this ____ day of _____, 20__.

Name of the principal: _____

Signature of the person signing at the request of the principal: _____

Printed name of person signing at the request of the principal: _____

Form of identification of person signing: _____

Acknowledged before me at _____ on the ____ day of _____, 20__.

Signature of officer or notary.

Serial number, if any; date commission expires.

TRANSLATION CLAUSE (if needed)

I certify that I have translated the provisions of the foregoing *Power of Attorney* from the English language to the _____ language to the best of my ability.

Translator