

**RECORDING COVER SHEET** (Please print or type)

This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

*This space reserved for use by  
Recording Office*

**After recording return to:** ORS 205.234(1)(c)

APXN Property LLC

2831 St. Rose Pkwy, Suite 359

Henderson, NV 89052

**1. Title(s) of the transaction(s)**

ORS 205.234(1)(a)

Power of Attorney to record for APN R895198

**2. Direct party(ies) / grantor(s)**

Name(s)

ORS 205.234(1)(b)

Michael Jon Cassista

**3. Indirect party(ies) / grantee(s)**

Name(s)

ORS 205.234(1)(b)

Christina Ann Kilby

Achilles Jon Cassista

Melody Alice Cassista

**4. True and actual consideration:**

ORS 205.234(1) Amount in dollars or other

**\$ 10.00**

Other:

**5. Send tax statements to:**

ORS 205.234(1)(e)

APXN Property LLC

2831 St. Rose Pkwy, Suite 359

Henderson, NV 89052

**6. Satisfaction of lien, order, or warrant:**

ORS 205.234(1)(f)

☐ FULL

☐ PARTIAL

**7. The amount of the monetary obligation imposed by the lien, order, or warrant:**

ORS 205.234(1)(f)

\$

**8. Previously recorded document reference:**

**9. If this instrument is being re-recorded complete the following statement:**

ORS 205.244(2)

"Rerecorded at the request of

to correct

previously recorded in book \_\_\_\_\_ and page \_\_\_\_\_, or as fee number \_\_\_\_\_."

# 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 at 100 Bunnell St. #1A Anchorage Alaska, do 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: Christina Ann Kilby 100 Bunnell St. #1 A in Anchorage Alaska.

Telephone contact of agent: (907)538-2990

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

Achilles Jon Cassita who resides at 856 Main Street London, New Hampshire 03257

Telephone contact of second agent: 603-748-3602


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.

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.

- YES
- (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

<input checked="" type="checkbox"/>	A
<input checked="" type="checkbox"/>	B
<input checked="" type="checkbox"/>	C
<input checked="" type="checkbox"/>	D
<input checked="" type="checkbox"/>	E
<input checked="" type="checkbox"/>	F
<input checked="" type="checkbox"/>	G
<input checked="" type="checkbox"/>	H
<input checked="" type="checkbox"/>	I
<input checked="" type="checkbox"/>	J
<input checked="" type="checkbox"/>	K
<input checked="" type="checkbox"/>	L
<input checked="" type="checkbox"/>	M
<input checked="" type="checkbox"/>	N
<input type="checkbox"/>	



## 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.

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:

Melody Alice Cassista 856 Main St New London, NH 03257 603-748-3603

Alternate or successor agent \_\_\_\_\_

Section 11. 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."

Section 12. Signatures.

In Witness Whereof, I have hereunto signed my name this 20<sup>th</sup> day of March, 2021

Michael Jon Cassista  
Michael Jon Cassista

STATE OF ALASKA )

3<sup>rd</sup> JUDICIAL DISTRICT )

Acknowledged before me at Anchorage, AK on the 20th day of March 2021

Gina E Molletti  
Signature of officer or notary.

10/12/2024

Serial number, if any; date commission expires.

