

Returned at Counter Meachell Girtman

2025-002403

Klamath County, Oregon



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Fee: \$112.00

Rev. 134B424

OREGON DURABLE POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person(s) (your agent(s)) to make decisions concerning your property for you (the principal). Your agent(s) will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

This power of attorney does not authorize the agent(s) to make medical and health care decisions for you.

You should select someone you trust to serve as your agent(s). Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent(s) resigns or is unable to act for you.

Your agent(s) is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions.

If your agent(s) is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent(s), you should seek legal advice before signing this form.

DESIGNATION OF AGENT(S)

Meachell Girtman

I, Joycelyn Nixon of 3810 Mazama Drive, Klamath Falls, Oregon, OR 97603, authorize _____ of 850 Monmouth Ave S, Monmouth, OR 97361, as my agent(s) (attorney-in-fact(s)) to act for me and in my name and for my use and benefit. If my agent is unable or unwilling to act for me, I name _____ of _____, _____, _____, as my successor agent(s).

GRANT OF GENERAL AUTHORITY

I grant my agent(s) and any successor agent(s) general authority to act for me with respect to the following subjects:

- JN (A) Real property
- JN (B) Tangible personal property
- JN (C) Stocks and bonds
- JN (D) Commodities and options
- JN (E) Banks and Other Financial Institutions
- _____ (F) Operation of Entity or Business
- JN (G) Insurance and Annuities
- JN (H) Estates, Trusts, and Other Beneficiary Interests
- JN (I) Claims and Litigation
- JN (J) Personal and Family Maintenance
- _____ (K) Benefits from Governmental Programs or Civil or Military Service
- JN (L) Retirement Plans
- JN (M) Taxes
- _____ (N) All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent(s) may **not** do any of the following specific acts for me unless I have INITIALED the specific authority listed below:

- _____ (A) Create, amend, revoke, or terminate an inter vivos trust
- _____ (B) Make a gift
- _____ (C) Create or change rights of survivorship
- _____ (D) Create or change a beneficiary designation
- _____ (E) Authorize another person to exercise the authority granted under this power of attorney
- _____ (F) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

[] _____ (G) Exercise fiduciary powers that the principal has authority to delegate

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant may **not** use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

COMPENSATION

My agent(s) shall not be entitled to reasonable compensation.

EFFECTIVE DATE

This power of attorney is effective immediately.

TERMINATION

This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment:

Name of Nominee for guardian of my estate: Meachell Girtman

Nominee's Address: 856 Monmouth Ave S, Monmouth, OR 97361

Nominee's Telephone Number: (541) 331-3348

Name of Nominee for guardian of my person: Meachell Girtman

Nominee's Address: 856 Monmouth Ave S, Monmouth, OR 97361

Nominee's Telephone Number: (541) 331-3348

SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

Principal's Signature: Joycelyn Nixon Date: 4-2-25

Principal's Name Printed: Joycelyn Nixon

Principal's Address: 3810 Mazama Drive, Klamath Falls, Oregon, OR 97603

Principal's Telephone Number: (541) 331-3345

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

NOTARY PUBLIC

State of Oregon
County of Klamath

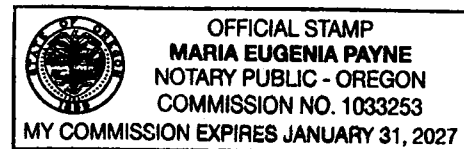
On this 2 day of April, 2025 before me, Joycelyn Nixon, personally appeared Joycelyn Nixon, personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

Maria E. Payne

(Seal, if any)

Signature of Notary

My commission expires: 1-31-2027



IMPORTANT INFORMATION FOR AGENT(S)

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent(s)

The meaning of the authority granted to you is defined in the Oregon Revised Statutes, Chapter 127. If you violate the Oregon Revised Statutes, Chapter 127, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Oregon
County of Clatsop

Meachell Girtman certify under penalty of perjury that Joycelyn Nixon granted me authority as an agent or successor agent in a power of attorney dated 4/2/2025.

I, further certify that to my knowledge:

- (1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
- (4) _____
_____ (Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT OF AGENT(S)

Agent's Signature Meachell Girtman Date 4/2/25
Agent's Name Printed: Meachell Girtman
Agent's Address: 850 MONMOUTH AVES Monmouth, OR 97361
Agent's Telephone Number: 541-331-3348

NOTARY PUBLIC

State of Oregon
County of Clatsop

This document was acknowledged before me on
April 2, 2005, by Keacell
Citron

Signature of Notary Maria E. Payne
(Seal, if any)

My commission expires: 1-31-2007

This document prepared by: Joycelyn Nixon

