OREGON DURABLE POWER OF ATTORNEY FORM

- I. NOTICE This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer unlimited financial powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), unlimited financial powers are described as: all financial decision making power legal under law. The Principal's transfer of financial powers to the Attorney-in-Fact are granted upon authorization of this agreement, and stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their financial decision making power and may revoke this Durable Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the financial decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make financial decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this Durable Power of Attorney Form, it will revoke any previously valid Durable Power of Attorney Form.
- II. INCAPACITATION The powers granted to the Attorney-in-Fact by the Principal in this Durable Power of Attorney Form stay in effect upon incapacitation by the Principal, incapacitation is describes as: A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.
- <u>III. REVOCATION</u> The Principal has the right to revoke this Durable Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:
 - A. Authorizes a new Durable Power of Attorney Form.
 - B. Authorizes a Power of Attorney Revocation Form.
- IV.WITNESS & NOTARY This document is not valid as a Durable Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal's signature. It is recommended to have this Durable Power of Attorney Form notarized.

| V. PRINCIPAL - I, | name ој Ргіпсіраl | , residing at |
|--|--|---|
| | | |
| | Street Address of Principal | |
| | street Address of Principal | |
| City of | , State of Principal St | , appoint |
| the following as my financial decision m | Attorney-in-Fact, whom I trust was included a series of the series of th | vith any and all my he authorization of this |
| VI. ATTORNEY-IN-FA | Name of Attorney-in-Fact, | residing at |
| | Street Address of Attorney-in-Fact | |
| | street Address of Attorney-III-ruct | • |
| City of Attor | , State of, state of, state of, state of Attorney-in-Fact the my behalf for any power legal under the State of | Attorney-in-Fact the legal |
| State | ······································ | |
| VII. SUCCESSOR AT | TORNEY-IN-FACT (Optional) - If | the Attorney-in-Fact named |
| above cannot or is ur | nwilling to serve, then I appoint | |
| residing at | | Name of Successor Attorney-in-Fact |
| | Chroat Address of Cusassan Attannas in | . Tout |
| | Street Address of Successor Attorney-in | i-ract |
| City of City of Successor | Attorney-in-Fact, State of State of Succ | grant essor Attorney-in-Fact |
| | t the legal authority to act on my to my financial decisions under | |
| State | <u> </u> | |

<u>VIII. TERMS & CONDITIONS</u> - Upon authorization by all parties, the Attorney-in-Fact accepts their designation to act in the Principal's best interests for all financial decisions legal under law.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS,

INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT

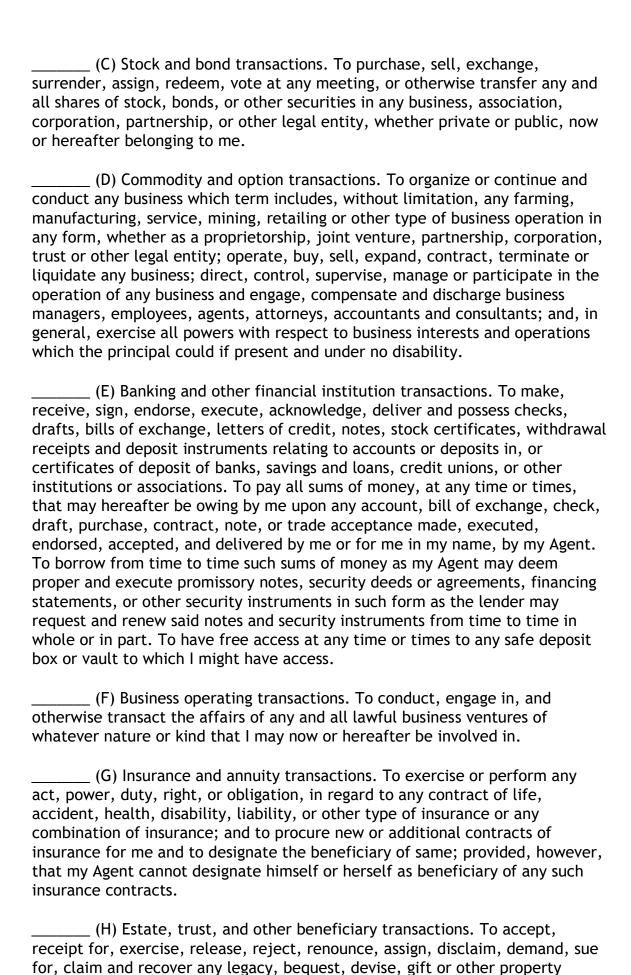
NEED NOT, CROSS OUT EACH POWER WITHHELD.

Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.

INITIAL

______ (A) Real property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of California, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.

______(B) Tangible personal property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of California or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.



interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

- _____ (I) Claims and litigation. To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.
- _____ (J) Personal and family maintenance. To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.
- _____ (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service. To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.
- _____ (L) Retirement plan transactions. To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employeebenefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment

powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability. ____ (M) Tax matters. To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable. IX. THIRD PARTIES - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form. X. COMPENSATION - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal. XI. DISCLOSURE - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164 XII. PRINCIPAL'S SIGNATURE - I, ______, the Principal, Printed Name of Principal sign my name to this power of attorney this $_____day$ of

undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Month

and, being first duly sworn, do declare to the

| Signature of Principal | |
|---|--|
| XIII. ATTORNEY-IN-FACT'S SI | GNATURE- I, |
| attorney-in-fact for the princ appointment as Attorney-in- the powers for the benefit o principal separate from my a | er of attorney and am the person identified as the cipal. I hereby acknowledge and accept my Fact and that when I act as agent I shall exercise of the principal; I shall keep the assets of the assets; I shall exercise reasonable caution and full and accurate record of all actions, receipts of the principal. |
| Signature of Attorney-in-Fact | |
| XIV. SUCCESSOR ATTORNEY | -IN-FACT'S SIGNATURE (Optional) - |
| I, | have read the attached power of |
| • | identified as the successor attorney-in-fact for the edge that I accept my appointment as Successor |
| Attorney-in-Fact and that, ir in the power of attorney, wh the benefit of the principal; from my assets; I shall exerc | n the absence of a specific provision to the contrary nen I act as agent I shall exercise the powers for I shall keep the assets of the principal separate cise reasonable caution and prudence; and I shall ord of all actions, receipts, and disbursements on |

Notary Acknowledgement (Must be completed by Notary)

| State of County of | |
|---------------------------------------|--|
| Sworn and acknowledged before me | e by , the |
| Principal, and subscribed and sworr | n to before me by, |
| witness, this | day of |
| | |
| | |
| Notary Cignature | |
| Notary Signature | |
| Notary Public | |
| In and for the County of | |
| State of | |
| My commission expires: | Seal |
| Acknowledgement and Acceptance | e of Appointment as Attorney-in-Fact |
| l, | have read the attached power of attorney |
| Name of Attorney-in-Fact | , |
| and am the person identified as the | e attorney-in-fact for the principal. I hereby |
| acknowledge that accept my appoin | ntment as Attorney-in-Fact and that when I |
| act as agent I shall exercise the pov | wers for the benefit of the principal; I shall |
| | parate from my assets; I shall exercise |
| • | and I shall keep a full and accurate of all |
| actions, receipts and disbursement | s on behalf of the principal. |
| | |
| | |
| | |
| Signature of Attorney-in-Fact | Date |
| | |
| Acceptance of Appointm | nent as successor Attorney-in-Fact |
| I, | have read the attached power of |
| Name of successor Attorney-in-Fact | · |
| attorney and am the person identif | fied as the successor attorney-in-fact for the |
| | at I accept my appointment as Successor |
| | bsence of a specific provision to the contrary |
| • | ct as agent I shall exercise the powers for |
| | keep the assets of the principal separate |
| from my assets; I shall exercise rea | asonable caution and prudence; and I shall |

keep a full and accurate record of all actions, receipts, and disbursements on

behalf of the principal.

| Signature of Successor Attorney-in-Fact | | Date |
|--|--|---|
| | Witness Attest | ation |
| the second witness, sign my first duly sworn and do not d principal signs and executed presence and hearing of the the principal's signing and the | leclare to the un this instrument principal, sign that to the best o | Printed Name of Second Witness egoing power of attorney being |
| Signature of First Witness | | Signature of Second Witness |