

DURABLE POWER OF ATTORNEY OF

Massen Ray Newton

I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Dianna White, who resides at **1261 Cornell Avenue Apt H Redlands, California 92374** my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below.

Massen Ray Newton

Name: Annalisa Royster
Address: 1710 Aspen Court
Lake Oswego, Oregon 97034

If Annalisa Royster resigns or is unable or unwilling to serve as my attorney-in-fact, I appoint the following person to serve as my successor attorney-in-fact:

Name: Marcus Royster
Address: 1710 Aspen Court
Lake Oswego, Oregon 97034

II. EFFECTIVE TIME

This Power of Attorney shall become effective immediately, and shall not be affected by any subsequent disability or incapacity of the principal. This is a Durable Power of Attorney.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any similar state laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact," any pertinent individually identifiable health information sufficient to determine whether I am by reason of illness or mental or physical disability incapacitated or incapable of managing my financial affairs. In exercising such authority, my attorney-in-fact shall constitute my 'Personal Representative' as defined by HIPAA.

II. POWERS OF ATTORNEY-IN-FACT

My attorney-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent

permitted by law:

**YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY
IN THOSE ACTIVITIES THAT ARE INITIALED.**

(an) **LEGAL ACTIONS:**

To act for me in all legal matters, whether claims in my favor or against me, including but not limited to retaining attorneys on my behalf; appearing for me in all actions and proceedings, commencing actions in my name, signing all documents, submitting claims to arbitration or mediation, settling claims and paying judgments and settlements.

(an) **PERSONAL AND FAMILY CARE:**

To do all acts necessary to maintain the customary standard of living of my spouse, children and other individuals customarily or legally entitled to be supported by me, including, but not limited to, providing and paying for medical care, shelter, clothing, food, usual vacations, education, transportation, and dues for social organizations.

(an) **GOVERNMENT ASSISTANCE:**

Claim and collect benefits from social security, Medicare, Medicaid, or other government programs or civil or military service.

OTHER:

For Massen Ray Newton from 09/15/2015 to 06/31/16. This gives Annalisa Royster Legal Power of Attorney of Massen Ray Newton, DOB: 04/14/1998, this includes enrolling in school, medical, dental, all of his needs. They will be acting as his guardian for the above time period.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as the attorney-in-fact deems necessary or appropriate in order to fully effectuate the purposes of the foregoing matters.

IV. GENERAL PROVISIONS

1. Reliance by Third Parties. I hereby agree that any third party receiving a duly executed copy or copy of this document may rely on and act under it. Revocation or termination of this Power of Attorney shall be ineffective as to the third party unless

by the third party. I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any third party from any and all claims because of reliance on this instrument in good faith.

2. Severability. If any provision hereof is found to be invalid or unenforceable, such invalidity or unenforceability shall not affect the other provisions of this document, and such other provisions shall be given effect without the invalid or unenforceable provision.

3. Revocation. I and only I may revoke this Power of Attorney at any time.

4. Accounting. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.

5. Compensation and Reimbursement. My attorney-in-fact shall not be compensated for services provided on my behalf pursuant to this Power of Attorney. My attorney-in-fact shall be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this Power of Attorney.

6. No Personal Benefit. Except as specifically provided for in this document, my attorney-in-fact is prohibited from personally benefiting from any transaction engaged in or on my behalf, or from using my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.

7. Liability of Attorney-in-Fact. All persons or entities who in good faith endeavor to carry out the provisions of this Power of Attorney shall not be liable to me, my estate, or my heirs, for any damages or claims arising because of their actions or inactions based on this Power of Attorney. My estate shall indemnify and hold them harmless. A successor attorney-in-fact shall not be liable for acts of a prior attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on the date set forth below.

Date: 09-15-15

Dianna White

Signature of Dianna White

WITNESSES

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence, and the fact that he or she stated that this Power of Attorney reflects his or her wishes and is being executed voluntarily. I believe the principal to be of sound mind. I have not been appointed as attorney-in-fact by the principal, am not related to him or her by blood, marriage or adoption, and, to the best of my knowledge, am not entitled to any portion of his or her estate under his or her will.

1. Cari Thomas Cari Thomas

(Signature of witness) (Print Name)

870 N Larch St

(Address)

COLTON CA 92324

(City, State, ZIP)

2. Rosie Tovar Rosie Tovar

(Signature of witness) (Print Name)

5595 WESTWIND Dr.

(Address)

San Bernardino CA 92407

(City, State, ZIP)

**NOTICE TO PERSON ACCEPTING
APPOINTMENT AS ATTORNEY-IN-FACT**

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or to accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Date: 09/15/15

Annalisa Royster
Signature of Annalisa Royster

