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**DURABLE POWER OF ATTORNEY**  
**OF**  
**GORDON HENRY KRAFT**

**NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY:  
A DURABLE POWER OF ATTORNEY IS AN IMPORTANT LEGAL  
DOCUMENT. BY SIGNING THE DURABLE POWER OF ATTORNEY,  
YOU ARE AUTHORIZING ANOTHER PERSON TO ACT FOR YOU, THE  
PRINCIPAL. BEFORE YOU SIGN THIS DURABLE POWER OF ATTORNEY,  
YOU SHOULD KNOW THESE IMPORTANT FACTS:**

**YOUR AGENT (ATTORNEY-IN-FACT) HAS NO DUTY TO ACT UNLESS YOU  
AND YOUR AGENT AGREE OTHERWISE IN WRITING.**

**THIS DOCUMENT GIVES YOUR AGENT THE POWERS TO MANAGE,  
DISPOSE OF, SELL, AND CONVEY YOUR REAL AND PERSONAL  
PROPERTY, AND TO USE YOUR PROPERTY AS SECURITY IF YOUR AGENT  
BORROWS MONEY ON YOUR BEHALF. THIS DOCUMENT DOES NOT  
GIVE YOUR AGENT THE POWER TO ACCEPT OR RECEIVE ANY OF  
YOUR PROPERTY, IN TRUST OR OTHERWISE, AS A GIFT, UNLESS YOU  
SPECIFICALLY AUTHORIZE THE AGENT TO ACCEPT OR RECEIVE A GIFT.**

**YOUR AGENT WILL HAVE THE RIGHT TO RECEIVE REASONABLE PAYMENT FOR SERVICES PROVIDED UNDER THIS DURABLE POWER OF ATTORNEY UNLESS YOU PROVIDE OTHERWISE IN THIS POWER OF ATTORNEY.**

**THE POWERS YOU GIVE YOUR AGENT WILL CONTINUE TO EXIST FOR YOUR ENTIRE LIFETIME, UNLESS YOU STATE THAT THE DURABLE POWER OF ATTORNEY WILL LAST FOR A SHORTER PERIOD OF TIME OR UNLESS YOU OTHERWISE TERMINATE THE DURABLE POWER OF ATTORNEY. THE POWERS YOU GIVE YOUR AGENT IN THIS DURABLE POWER OF ATTORNEY WILL CONTINUE TO EXIST EVEN IF YOU CAN NO LONGER MAKE YOUR OWN DECISIONS RESPECTING THE MANAGEMENT OF YOUR PROPERTY.**

**YOU CAN AMEND OR CHANGE THIS DURABLE POWER OF ATTORNEY ONLY BY EXECUTING A NEW DURABLE POWER OF ATTORNEY OR BY EXECUTING AN AMENDMENT THROUGH THE SAME FORMALITIES AS AN ORIGINAL. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME, SO LONG AS YOU ARE COMPETENT.**

**THIS DURABLE POWER OF ATTORNEY MUST BE DATED AND MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR SIGNED BY TWO WITNESSES. IF IT IS SIGNED BY TWO WITNESSES, THEY MUST WITNESS EITHER (1) THE SIGNING OF THE POWER OF ATTORNEY OR (2) THE PRINCIPAL'S SIGNING OR ACKNOWLEDGMENT OF HIS OR HER SIGNATURE. A DURABLE POWER OF ATTORNEY THAT MAY AFFECT REAL PROPERTY SHOULD BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC SO THAT IT MAY EASILY BE RECORDED.**

**YOU SHOULD READ THIS DURABLE POWER OF ATTORNEY CAREFULLY. WHEN EFFECTIVE, THIS DURABLE POWER OF ATTORNEY WILL GIVE YOUR AGENT THE RIGHT TO DEAL WITH PROPERTY THAT YOU NOW HAVE OR MIGHT ACQUIRE IN THE FUTURE. THE DURABLE POWER OF ATTORNEY IS IMPORTANT TO YOU. IF YOU DO NOT UNDERSTAND THE DURABLE POWER OF ATTORNEY, OR ANY PROVISION OF IT, THEN YOU SHOULD OBTAIN THE ASSISTANCE OF AN ATTORNEY OR OTHER QUALIFIED PERSON.**

**I. PRINCIPAL AND ATTORNEY-IN-FACT**

I, Gordon Henry Kraft, also known as gkraft, who reside at 5530 Brooks Ave, Loomis, California 95650, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Eric Edward Kraft  
City, State of Residence: Sacramento, California

**II. EFFECTIVE TIME**

This power of attorney is effective immediately, and will not be affected by subsequent disability or incapacity of the principal. This is a durable power of attorney.

**III. POWERS OF ATTORNEY-IN-FACT**

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

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

- (\_\_\_\_\_) STOCK AND BOND TRANSACTIONS:
- Buy, sell, pledge, and exchange stocks, mutual funds, bonds, options, commodity futures, and all other types of securities in my name.
  - Sign, accept, and deliver in my name certificates, contracts, or other documents relating to the foregoing, including agreements with brokers or agents.
  - Exercise voting and other rights and enter into agreements relating thereto.
  - Hire and discharge professionals providing services related to the management and investment of any securities in my name.
  - Exercise all powers with respect to securities that I could if present and under no disability or incapacity.

- (\_\_\_\_\_) ESTATE AND TRUST TRANSACTIONS:
- To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or

other fund from which I am now, claim to be, or later become entitled, as a beneficiary, to a share or payment, including but not limited to the authority to sign a qualified disclaimer pursuant to Internal Revenue Code Section 2518 and applicable state law, and petitions, objections, waivers, consents, receipts, settlements, and other agreements relating to the above-referenced matters or proceedings.

- Transfer any of my property to a living trust that I created as a grantor before this power of attorney was signed.
- Exercise all powers with respect to estate and trust transactions that I could if present and under no disability or incapacity.

(\_\_\_\_)

**LEGAL ACTIONS:**

To act for me in all legal matters, whether claims in my favor or against me, including but not limited to the authority to retain and discharge attorneys on my behalf; appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements; and exercise all powers with respect to legal actions that I could if present and under no disability or incapacity.

(\_\_\_\_)

**PERSONAL AND FAMILY CARE:**

To do all acts necessary to maintain my customary standard of living, and that of any individuals legally entitled to be supported by me, including but not limited to the authority to provide and pay for medical care, shelter, clothing, food, usual vacations, education, transportation, and dues for social organizations and to exercise all powers with respect to personal and family care that I could if present and under no disability or incapacity. My attorney-in-fact is specifically authorized to hire and compensate household, nursing, and other employees necessary for my well-being and that of any individuals legally entitled to be supported by me, and to enter into contracts and commit my resources with respect to the provision of my residential care in a convalescent hospital, skilled nursing home, or alternative residential facility.

(\_\_\_\_)

**GOVERNMENT BENEFITS:**

Claim and collect benefits from the Social Security Administration, including, but not limited to, retirement benefits, supplemental social security, and social security disability benefits and, Medicare,

Medicaid, or state, local, and other government programs or civil or military service, and to exercise all powers with respect to government assistance that I could if present and under no disability or incapacity.

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 my attorney-in-fact deems necessary or appropriate 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 of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- 2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- 3) Revocation of Prior Powers of Attorney. I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) Revocation. I may revoke this power of attorney at any time.
- 5) Maintenance of Records; Accounting. My attorney-in-fact must maintain records of all actions taken on my behalf, including transactions, receipts, disbursements and investment. 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, the request of a personal representative or a fiduciary acting on my behalf, or court order. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) Compensation and Reimbursement. My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this

power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

- 7) No Personal Benefit. Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) Liability of Attorney-in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will 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 will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.
- 9) Authority to Record, Register, or File. My attorney-in-fact may record, register, or file this power of attorney and other necessary and appropriate documents as required to carry out the powers granted herein.
- 10) Copies. A copy of this power of attorney certified in accordance with state law shall be effective as an original.

**IN WITNESS WHEREOF**, the undersigned has executed this power of attorney on the date set forth below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Gordon Henry Kraft

## 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 last will and testament or living trust.

1. \_\_\_\_\_  
(Signature of witness) (Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

2. \_\_\_\_\_  
(Signature of witness) (Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Eric Edward Kraft