

RECORDING REQUESTED BY:

**THE LAW OFFICES OF PHILIP M. FLANIGAN
4082 N. Cedar Ave., Suite 104
Fresno, CA 93726**



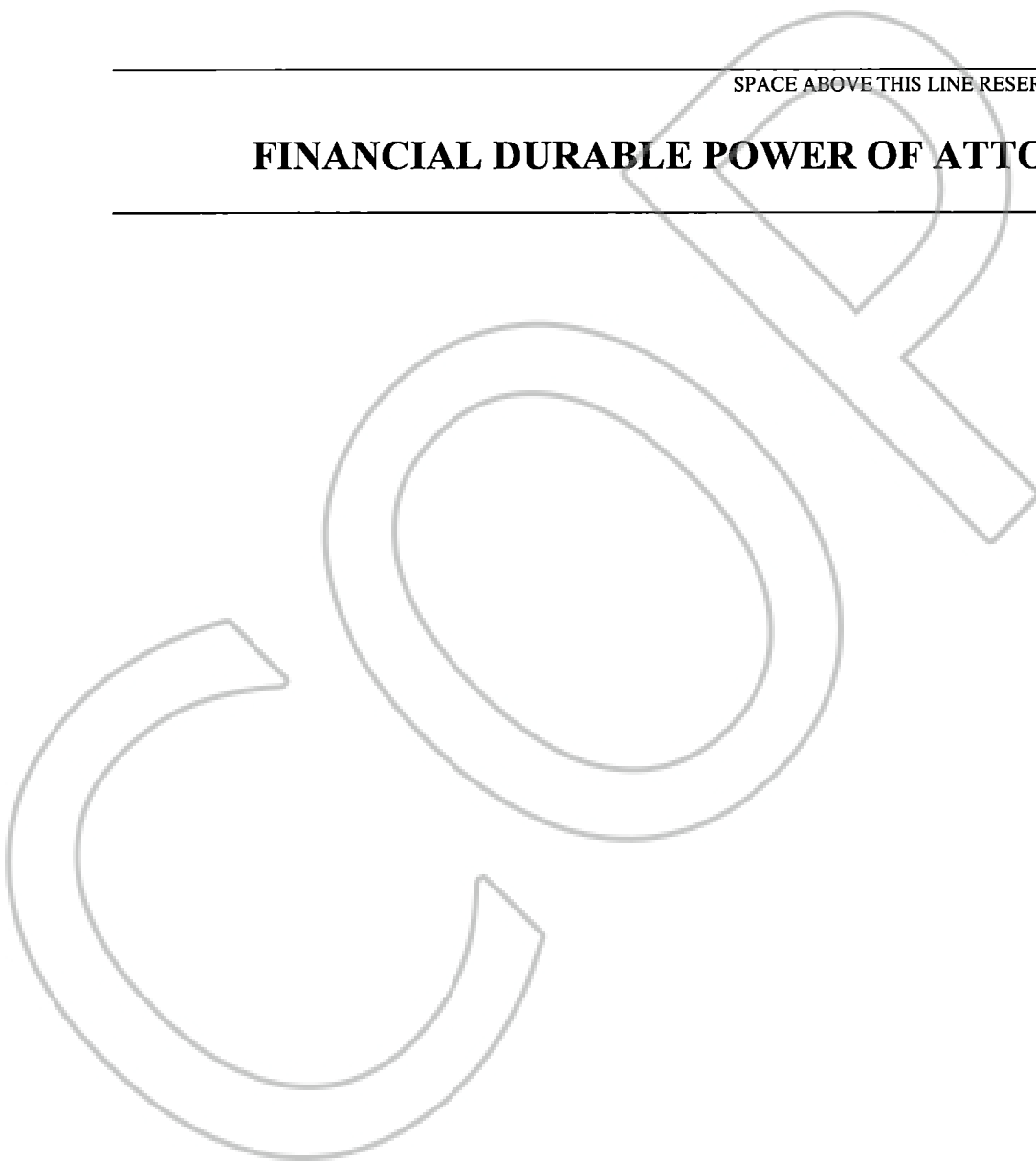
KAREN ELLISON, RECORDER

AND WHEN RECORDED, MAIL TO:

**THE LAW OFFICES OF PHILIP M. FLANIGAN
4082 N. Cedar Ave., Suite 104
Fresno, CA 93726**

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

FINANCIAL DURABLE POWER OF ATTORNEY

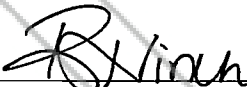


CERTIFICATION

State of California)
) ss.
County of Fresno)

On July 29, 2018, I, Rachel E. Winch, hereby certify that I examined the original power of attorney and the copy and that the attached document is a true, complete and unaltered photocopy of an original Durable Power of Attorney presented to me on this date, under Section 4307 of the California Probate Code.





Notary Public

19



2021-0036967

RECORDING REQUESTED BY:

THE LAW OFFICES OF PHILIP M. FLANIGA
4082 N. Cedar Ave., Suite 104
Fresno, CA 93726

FRESNO County Recorder
Paul Dictos, CPA

Thursday, Mar 04, 2021 02:44:36 PM

Titles: 1 Pages: 19

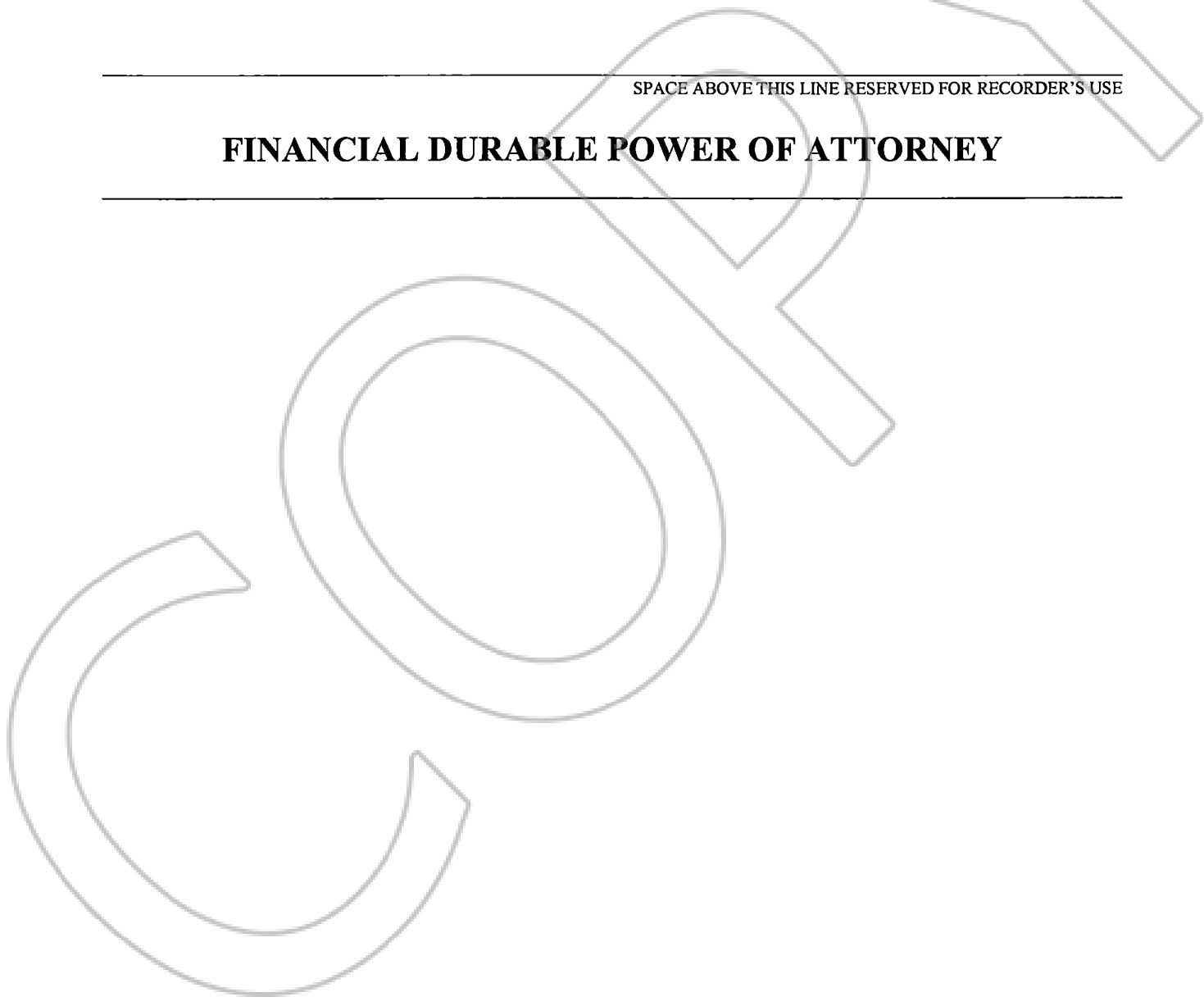
Fees: \$73.00
CA SB2 Fee: \$75.00
Taxes: \$0.00
Total: \$148.00
PHILIP M FLANIGAN LAW OFFICES

AND WHEN RECORDED, MAIL TO:

THE LAW OFFICES OF PHILIP M. FLANIGAN
4082 N. Cedar Ave., Suite 104
Fresno, CA 93726

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

FINANCIAL DURABLE POWER OF ATTORNEY



FINANCIAL DURABLE POWER OF ATTORNEY
OF

Virginia A Tatum
(Name of Principal)

Notice to Person Executing Financial Durable Power of Attorney

A financial durable power of attorney is an important legal document. By signing the financial durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this financial 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 financial 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 financial durable power of attorney will last for a shorter period of time or unless you otherwise terminate the financial durable power of attorney. The powers you give your agent in this financial 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 financial durable power of attorney only by executing a new financial 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 financial durable power of attorney at any time, so long as you are competent.

This financial 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 financial 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 financial durable power of attorney carefully. When effective, this financial 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 financial durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

I. Initial Agent for Virginia A Tatum
(Name of Principal)

Daniel L. Tatum, Sr
(Name of Agent)

II. Alternate Agent(s):

If above Agent is unable to serve for any reason whatsoever, the individuals named below are nominated to serve in the order designated as alternate Agent(s):

Nathan C Tatum
(Name of Alternate Agent)

Daniel L Tatum, Jr
(Name of Second Alternate Agent)

Appointment of Attorney-in-Fact. I, Virginia A. Tatum hereby
(Name of Principal)

appoint Daniel L. Tatum, Sr. as my Attorney-in-Fact ("Agent"). My Agent
(Name of Agent)

shall act for me and in my name as authorized in this Financial Durable Power of Attorney. If
Daniel L. Tatum, Sr. is not available, resigns, or is ineligible to act as my
(Name of Agent)

Agent under this Financial Durable Power of Attorney, or if I revoke the appointment or
authority of Daniel L. Tatum, Sr. to act as my Agent under this Financial
(Name of Agent)

Durable Power of Attorney, then I appoint one of the following persons, in the order designated,
to serve as my Agent as authorized in this document in the order
listed: Nathan C. Tatum, Daniel L. Tatum, Jr.
(Name of Alternate Agent) (Name of Second Alternate Agent)

1. Creation of General Durable Power of Attorney. By this document, I intend to
create a general power of attorney. This power of attorney is a durable power of attorney. My
later incapacity or the lapse of time shall not affect this power of attorney. **This general power
of attorney shall become effective immediately.**

2. Authority Granted. It is my intention that my Agent has full authority to perform
whatever act is necessary to act in my behalf. All acts done by my Agent under this Financial
Durable Power of Attorney before I give a notice of revocation are valid. I grant to my Agent
full power and authority to act for me and in my name, in any way which I could act, if I were
personally present and able to act, including, but not limited to, the following matters (to the
extent the law permits me to act through an Agent):

- A. Real estate transactions.
- B. Tangible personal property transactions.
- C. Bond, share and commodity transactions.
- D. Financial institution transactions.
- E. Business operating transactions.
- F. Insurance transactions including loans, assignments and beneficiary changes.
- G. Retirement plan transactions.
- H. Estate transactions including creating, modifying and revoking trusts.
- I. Claims litigation.

- J. Tax matters. This includes the authority to make and verify income tax returns, claim refunds, and to represent me in all tax matters before any office of any taxing authority.
- K. Personal relationships and affairs.
- L. Benefits from military service.
- M. Records, reports, and statements.
- N. Full and unqualified authority to my Agent(s) to delegate any or all of the powers in this Financial Durable Power of Attorney to any person or persons whom my Agent(s) shall select.
- O. In the event I am in need of long-term health and/or nursing care, or in the event my Attorney-In-Fact otherwise deems it appropriate, my Attorney-In-Fact shall have the power to make gifts for me. This power to make gifts shall include the power to make gifts to my Attorney-In-Fact.
- P. To do business with banks, or any other financial institution. To endorse all checks and drafts made payable to me, collect the proceeds, sign my name to checks on all accounts in my name, withdraw funds from those accounts, and open accounts in my name.
- Q. To have access to any safety deposit box rented by me or by me with others (including the power to have it drilled open). To remove the contents from the safety deposit box, and to end the agreement under which I rented the safety deposit box.
- R. To borrow money and to pledge assets for such loans, if in the judgment of my Agent such action is necessary.
- S. To transfer any of my property to trustees for my benefit or for the benefit of members of my immediate family upon the terms my Agent shall think desirable, and to fund any living trust I have established.
- T. To bring suit against any bank, savings and loan association, or other person or entity that fails or refuses to honor this power of attorney.
- U. To sign, execute, acknowledge and deliver any deed of transfer or conveyance respecting my real or personal property wherever situated to the Trustee(s) of my Revocable Living Trust, and any amendments hereto.
- V. To explore and implement Medi-Cal planning strategies and options and to plan and accomplish asset preservation in the event I am in need of long-term health and nursing care. Such planning shall include, but is not necessarily limited to, the power and authority to: (1) make home improvements and additions to my family residence; (2) pay off partly or in full the encumbrance, if any, on my family residence; (3) purchase a family residence, if I do not own one; (4) purchase a more expensive family residence; (5) make gifts of assets for estate planning purposes; (6) create trusts, both revocable and/or irrevocable.

for the benefit of me or my heirs; and/or (7) transmute my property to the separate property of my spouse.

W. All other matters my Agent deems necessary and appropriate for my benefit.

3. Nomination of Conservator. If a conservator of my estate is to be appointed for me, I nominate the persons I have appointed to hold this Financial Durable Power of Attorney (in the same order of preference) to serve as the conservator of my estate. I request the court to grant to any Conservator of my estate any additional powers provided by law.

4. Reliance on Photocopies. Any person dealing with my Agent shall have the right to rely on a photocopy of this Financial Durable Power of Attorney as if it were the signed original.

5. Acknowledgement of Agent(s)' Benefits. I understand and acknowledge that my agent(s) and alternate agent(s) designated herein may be beneficiaries under my Trust and devisees under my Will and may benefit directly or indirectly from the actions taken by them on my behalf under this Financial Power of Attorney, and I specifically authorize and consent to the receipt of such benefits by my agent(s).

6. Reliance on This Power of Attorney. Any person, organization or institution dealing with my Agent may rely fully upon this document, including, without limitation, any additional documents relating to his or her authority to act on my behalf and in my stead. Any person, organization or institution relying on this Power of Attorney shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power. No person, organization or institution dealing with my Agent shall be responsible for the application of any money or anything of value paid to them or for the carrying out of the provisions of this Power of Attorney.

7. Binding. This Power of Attorney shall be binding on me and my heirs, executors and administrators and shall remain in force up to the time my Agent receives a written revocation executed by me.

8. Indemnification. My Agent shall be indemnified from any and all liability to me or my estate as they fulfill their duties and obligations as outlined under this Power of Attorney, except for damages arising from his or her own misconduct or negligence.

9. HIPAA Release Authority. I intend for my Agent 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. I authorize:

A. Any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider; any insurance

company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my Agent, without restriction.


- B. All of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

The authority given my Agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

10. Date and Signature of Principal. I sign my name to this Financial Durable Power of Attorney on May 31, 2018, at Fresno County, California.

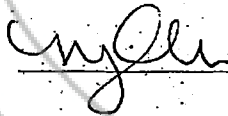
PRINCIPAL STATEMENT

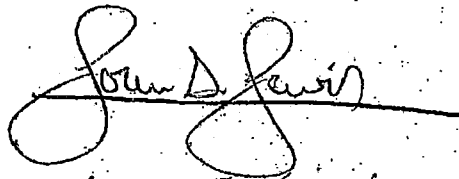
I, Virginia A Tatum, the Principal, sign my name to this Financial Durable Power of Attorney on May 31, 2018 and being the first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, or willingly direct another 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 (18) years of age or older, of sound mind and under no constraint or undue influence.


Principal Virginia A. Tatum

Virginia A Tatum, being unable to write, made (his/her) mark in our presence and requested the first of the undersigned to write (his/her) name, which (he/she) did, and we now subscribe our names as witnesses thereto.

Two Witnesses:


Margaret Chesebro


Loren B. Lewis

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

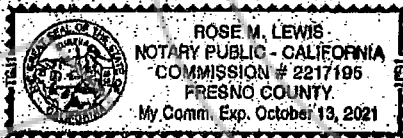
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Fresno)

On May 31, 2018, before me, Rose M. Lewis Notary Public, a Notary Public, personally appeared Virginia P. Tolone, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Rose M. Lewis
Notary Public

Notice to Person accepting the 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 principle 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 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 or 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 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: 5 31 18

Daniel L. Tatum Sr.
Signature of Agent

Daniel L. Tatum, Sr.
(Print Name of Agent)

ATTORNEY-IN-FACT (AGENT)

Name: Daniel L Tatum, Sr

Address: 748 N East Ave, Reedley CA 93654

Telephone: 916 509 3828

Cell Phone: _____

ALTERNATE AGENT NO. 1

Name: Nathan C Tatum

Address: 21211 Delevan Wy, Germantown, MD 20874

Telephone: 301 515 1804

Cell Phone: 404 579 0058

ALTERNATE AGENT NO. 2

Name: Daniel L Tatum, Jr

Address: 2044 Escobar Wy, Sacramento, CA

Telephone: 916 213 1020

Cell Phone: _____

CLARIFICATION PAGE

I CERTIFY UNDER PENALTY OF PERJURY THAT THE "CLARIFICATION PAGES(S) THAT FOLLOW THIS PAGE IS/ARE A TRUE AND CORRECT COPY OF THE ILLEGIBLE PAGE(S) BEING CLARIFIED.

DATE: 2/17/2021

SIGNATURE: Courtney Maloney

(GOVT.CODE,SEC.27361.7)

**FINANCIAL DURABLE POWER OF ATTORNEY
OF**

Virginia A Tatum
(Name of Principal)

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You can amend or change this financial durable power of attorney only by executing a new financial 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 financial durable power of attorney at any time, so long as you are competent.

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Daniel L. Tatum, Sr
(Name of Agent)

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(Name of Alternate Agent)

Daniel L Tatum, Jr
(Name of Second Alternate Agent)

Appointment of Attorney-in-Fact. I, Virginia A Tatum hereby
(Name of Principal)

appoint Daniel L Tatum, Sr as my Attorney-in-Fact ("Agent"). My Agent
(Name of Agent)

shall act for me and in my name as authorized in this Financial Durable Power of Attorney. If
Daniel L Tatum, Sr is not available, resigns, or is ineligible to act as my
(Name of Agent)

Agent under this Financial Durable Power of Attorney, or if I revoke the appointment or
authority of Daniel L Tatum, Sr to act as my Agent under this Financial
(Name of Agent)

Durable Power of Attorney, then I appoint one of the following persons, in the order designated,
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(Name of Alternate Agent) (Name of Second Alternate Agent)

1. Creation of General Durable Power of Attorney. By this document, I intend to
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of attorney shall become effective immediately.**

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Durable Power of Attorney before I give a notice of revocation are valid. I grant to my Agent
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- B. Tangible personal property transactions.
- C. Bond, share and commodity transactions.
- D. Financial institution transactions.
- E. Business operating transactions.
- F. Insurance transactions including loans, assignments and beneficiary changes.
- G. Retirement plan transactions.
- H. Estate transactions including creating, modifying and revoking trusts.
- I. Claims litigation.

- J. Tax matters. This includes the authority to make and verify income tax returns, claim refunds, and to represent me in all tax matters before any office of any taxing authority.
- K. Personal relationships and affairs.
- L. Benefits from military service.
- M. Records, reports, and statements.
- N. Full and unqualified authority to my Agent(s) to delegate any or all of the powers in this Financial Durable Power of Attorney to any person or persons whom my Agent(s) shall select.
- O. In the event I am in need of long-term health and/or nursing care, or in the event my Attorney-In-Fact otherwise deems it appropriate, my Attorney-In-Fact shall have the power to make gifts for me. This power to make gifts shall include the power to make gifts to my Attorney-In-Fact.
- P. To do business with banks, or any other financial institution. To endorse all checks and drafts made payable to me, collect the proceeds, sign my name to checks on all accounts in my name, withdraw funds from those accounts, and open accounts in my name.
- Q. To have access to any safety deposit box rented by me or by me with others (including the power to have it drilled open). To remove the contents from the safety deposit box, and to end the agreement under which I rented the safety deposit box.
- R. To borrow money and to pledge assets for such loans, if in the judgment of my Agent such action is necessary.
- S. To transfer any of my property to trustees for my benefit or for the benefit of members of my immediate family upon the terms my Agent shall think desirable, and to fund any living trust I have established.
- T. To bring suit against any bank, savings and loan association, or other person or entity that fails or refuses to honor this power of attorney.
- U. To sign, execute, acknowledge and deliver any deed of transfer or conveyance respecting my real or personal property wherever situated to the Trustee(s) of my Revocable Living Trust, and any amendments hereto.
- V. To explore and implement Medi-Cal planning strategies and options and to plan and accomplish asset preservation in the event I am in need of long-term health and nursing care. Such planning shall include, but is not necessarily limited to, the power and authority to: (1) make home improvements and additions to my family residence; (2) pay off partly or in full the encumbrance, if any, on my family residence; (3) purchase a family residence, if I do not own one; (4) purchase a more expensive family residence; (5) make gifts of assets for estate planning purposes; (6) create trusts, both revocable and/or irrevocable

14

for the benefit of me or my heirs; and/or (7) transmute my property to the separate property of my spouse.

W. All other matters my Agent deems necessary and appropriate for my benefit.

3. Nomination of Conservator. If a conservator of my estate is to be appointed for me, I nominate the persons I have appointed to hold this Financial Durable Power of Attorney (in the same order of preference) to serve as the conservator of my estate. I request the court to grant to any Conservator of my estate any additional powers provided by law.

4. Reliance on Photocopies. Any person dealing with my Agent shall have the right to rely on a photocopy of this Financial Durable Power of Attorney as if it were the signed original.

5. Acknowledgement of Agent(s)' Benefits. I understand and acknowledge that my agent(s) and alternate agent(s) designated herein may be beneficiaries under my Trust and devisees under my Will and may benefit directly or indirectly from the actions taken by them on my behalf under this Financial Power of Attorney, and I specifically authorize and consent to the receipt of such benefits by my agent(s).

6. Reliance on This Power of Attorney. Any person, organization or institution dealing with my Agent may rely fully upon this document, including, without limitation, any additional documents relating to his or her authority to act on my behalf and in my stead. Any person, organization or institution relying on this Power of Attorney shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power. No person, organization or institution dealing with my Agent shall be responsible for the application of any money or anything of value paid to them or for the carrying out of the provisions of this Power of Attorney.

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8. Indemnification. My Agent shall be indemnified from any and all liability to me or my estate as they fulfill their duties and obligations as outlined under this Power of Attorney, except for damages arising from his or her own misconduct or negligence.

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A. Any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance

company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my Agent, without restriction.


- B. All of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

The authority given my Agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

10. Date and Signature of Principal. I sign my name to this Financial Durable Power of Attorney on May 31, 2018, at Fresno County, California.

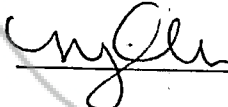
PRINCIPAL STATEMENT

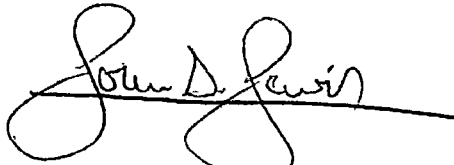
I, Virginia A Tatum, the Principal, sign my name to this Financial Durable Power of Attorney on May 31, 2018 and being the first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, or willingly direct another 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 (18) years of age or older, of sound mind and under no constraint or undue influence.


Principal Virginia A. Tatum

Virginia A Tatum, being unable to write, made (his/her) mark in our presence and requested the first of the undersigned to write (his/her) name, which (he/she) did, and we now subscribe our names as witnesses thereto.

Two Witnesses:


Margaret Chesebro


John D. Lewis

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

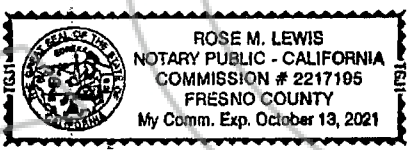
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Fresno)

On May 31, 2018 before me, Rose M. Lewis Notary Public, a Notary Public, personally appeared Virginia A. Totum, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Rose M. Lewis
Notary Public

Notice to Person accepting the appointment as attorney-in-fact

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1. The legal duty to act solely in the interest of the principle 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 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 or 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 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: 9 31 18

Daniel L Tatum Sr.
Signature of Agent

Daniel L Tatum, Sr
(Print Name of Agent)

ATTORNEY-IN-FACT (AGENT)

Name: Daniel L Tatum, Sr

Address: 748 N East Ave, Reedley CA 93654

Telephone: 916 509 3828

Cell Phone: _____

ALTERNATE AGENT NO. 1

Name: Nathan C Tatum

Address: 21211 Delevan Wy, Germantown, MD 20876

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ALTERNATE AGENT NO. 2

Name: Daniel L Tatum, Jr

Address: 21044 Escobar Wy, Sacramento, CA

Telephone: 916 213 1020

Cell Phone: _____