



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

DESIGNATION OF AGENT FOR NONRESIDENT LANDLORD

Pursuant to the provisions of Section 34-18-22.3 of the General Laws, 1956, as amended, the undersigned landlord who is not a resident of the State of Rhode Island, submits the following statement for the purpose of appointing an agent in the State of Rhode Island.

RECEIVED
R.I. DEPT. OF STATE
BUS. REG. DIV.
2017 JUN 15 AM 10:23

1. The name of the nonresident landlord is Leila Raines Federer
2. The address of the nonresident landlord is c/o Leslie Vaaler, PO Box 495, Yachats, OREGON 97498
3. The name of the agent is Pam Anderson
(The agent must be a resident of this state or a corporation authorized to do business in this state.)
4. The address of the agent is 158 Stillwater Rd, Smithfield RI 02917

5. List the street address of each property designated to said agent:

| Street Address | City/Town |
|-------------------------|-------------------------|
| <u>15 Maple Rock Rd</u> | <u>Foster, RI 02825</u> |
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FILED

JUN 15 2017

BY le 10:23

Date: June 12, 2017

Under penalty of perjury, I declare and affirm that all statements, including any accompanying attachments, contained herein are true and correct.

Leslie Jane Federer Vaaler, Agent under
Power of Attorney for landlord Leila Raines Federer
Signature of Landlord

NOTE:

Pursuant to the above statute, a designation of agent must also be filed with the clerk of the city or town wherein the dwelling unit is located. You should contact the city or town clerk prior to filing said designation to determine what additional filing requirements, if any, are necessary.

DURABLE
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Leila Raines Federer, of the Town of Foster, State of Rhode Island, make, constitute and appoint my son Wayne Douglas Federer of the Town of Somerset, State of Wisconsin or my daughter Leslie Jane Federer Vaaler of the State of Oregon my true and lawful attorney, for me and in my name, place and stead. My son Wayne D. Federer and my daughter Leslie Jane Federer Vaaler are each granted the following powers concurrently.

1. To take possession, control, and management of all my property, both real and personal as specified below.
2. To collect, demand, sue for and receive all income, interest, rents, dividends, debts, goods, chattels and other personal property to which I am now or hereafter may become entitled or which are now or may become due to me, and in my name to give effectual receipts, releases or discharges therefore.
3. (a) To withdraw by check, draft, order or otherwise any money now or hereafter on deposit to any account in my name only in any bank or trust company to pay any indebtedness, taxes, assessments, claims and other charges which in the judgment of my attorney are proper charges against me or any of my property.
(b) To withdraw by check, draft, order or otherwise any money now or hereafter on deposit to any account in my name only at any bank or trust company for the purpose of establishing a new account in my name only. If the money is withdrawn from an account with POD beneficiaries, the same designations should be added to the new account as possible.
4. To receive and endorse for deposit, transfer or collection, in my name, any checks, drafts or other negotiable instruments and to collect and deposit them in any account in my name.

5. To insure any property, real or personal, for fire or other casualty.
6. To adjust, settle, compromise or submit to arbitration any debts, claims or disputes.
7. To pay all indebtedness, taxes, assessments, claims and other charges now due or which may become due which in the judgment of my attorney are proper charges against me or any of my property.
8. To make, execute under oath or otherwise, and file any tax returns or statements and any instruments in connection therewith, and to act for me in respect to the same before any court, board, bureau, department or other agency.
9. To have access to any safe deposit box in any bank or safe deposit company, whether in my name alone or held in common or jointly with any other person or persons and to remove any or all of the contents thereof and surrender up possession of the same.
10. (a) To complete any documents that may be required to redeem any or all savings bonds in my name. Funds from redemption should be deposited to a bank account or other financial instrument with an equivalent POD designation to that of the redeemed bond provided the named individual is still living. Funds may be used to pay any indebtedness, taxes, assessments, claims and other charges which in the judgment of my attorney are proper charges against me or any of my property.
(b) To complete any documents that may be required to transfer any bonds to my name.
11. To withdraw by check, draft, order or otherwise any money, mutual funds, stocks and bonds now or hereafter held in any of my retirement accounts, annuities and investment accounts.
12. To employ and compensate personal caregivers, nurses or their agencies providing services that enable me to live as independently as possible and enhance my quality of life.

Hereby giving and granting unto my said attorney full power and authority to do and perform the above powers as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue thereof.

In the event that I become incompetent, whether adjudged incompetent by a court or otherwise, the powers granted to my attorney shall remain in full force and effect and my attorney is authorized to continue to act hereunder notwithstanding my incompetence.

Signed,

Leila Raines Federer

Leila Raines Federer

4/14/2015

Date

In presence of:

[Signature]

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

In Town of Foster, on the 14th day of April, 2015, before me personally appeared, Leila Raines Federer, to me known and known by me to be the party executing the foregoing instrument, and he/she acknowledged said instrument by him/her executed, to be his/her free act and deed.

Susan J. Bruchman #006175

Notary Public

My Commission Expires: 6-5-2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

June 15, 2017 10:23 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

