FORM No. 15-POWER OF ATTORNEY

1.1073

ŤΚ

ĴĴ

Ξ

-

YAN 08'

(N)

Vol. go Page S. 16.1

KNOW ALL MEN BY THESE PRESENTS, That I. PAUL A. BARKER,

have made, constituted and appointed and by these presents do make, constitute and appoint ANSELMA BARKER, my lawful wife, my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

Complete and sign on my behalf all documents necessary to purchase, mortgage, or otherwise encumber that property known as 529 North Fifth Street, Klamath Falls, Oregon, legally described as:

> North $\frac{1}{2}$ of Lots 4 and 5, Block 43, KLAMATH FIRST ADDITION, Klamath County, Oregon,

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural. , 19.80 May 7 Dated

Paul A. Barker

STATE OF OREGON, County of Klamath) ss. Personally appeared the above named Paul A. Barker his and acknowledged the foregoing instrument to be .

May 7 *, 19*80

voluntary act and deed.

Rand. Somerico Before me: Notary Public for Oregon. My commission expires 11-26-81 (OFFICIAL SEAL)

POWER OF ATTORNEY		STATE OF OREGON, ss.
PAUL A. BARKER		County of Klamath I certify that the within instru- ment was received for record on the 7th day of May 1980 at 4:30 o'clock P M., and recorded
TO ANSELMA BARKER	SPACE RESERVED FOR HLCORDER 5 USE	at 4.50 oclock 1 M., and recorded in book M80 on page 8460 or as file teel number 84073 , Record of Deeds of said County. Witness my hand and seal of
AFTER RECORDING RETURN TO		County affixed.
Paul A. Barker Route 3, Box 228 Klamath Falls, OR 97601		Wm. D. Milne Recording officer. By Schwall a Mallace
NAME, ADDRESS, ZIP		Fee \$3.50 Deputy.