

STATE OF Oregon

COUNTY OF Klamath

Witness my hand and Official Seal.

}

I hereby certify that the within instrument was
filed for record in Klamath County.

State of Oregon

No. 32418

Book 124

Page 24

Date January 12, 1984

Request of

Indexed Paged Blotted

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Evelyn Diehl, County Clerk

By Linda A. Kelly
Deputy

Fee 1.00

When recorded, mail to:

Transamerica Title Insurance Co.
600 Main Street
Klamath Falls, Oregon 97601

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I (we)

Dianne Colby

principal(s), whose address is

85331

P.O. Box 226 Cave Creek, Az

the undersigned

hereby constitute and appoint

Janet Pierce

by this instrument.

6408 S. 6th St. Klamath Falls, OR 97601 as my (our) Attorney-In-Fact to
act in my (our) name, place and stead, and for my (our) use and benefit as if I (we) were personally present to transact any business and
perform every act requisite and necessary to: sell the property located at
(Briefly describe the specific act to be accomplished)

11912 Finley Court, Klamath Falls, Oregon, also
Known as Lot 7 Block 2 Pine Grove Ranchettes

Furthermore, I (we) specifically authorize my (our) above named Attorney-In-Fact to:

- a) buy, sell, contract, receive, possess, convey, transfer, lease, let, demise, remise, release, encumber, hypothecate, or mortgage, whichever is applicable, to accomplish the objectives heretofore described above.
- b) sign, seal, deliver, or otherwise execute and/or acknowledge any and all Instruments, papers or documents requisite and necessary to accomplish the objectives heretofore described;

c) _____
(describe here any other or additional authority not previously mentioned above)

GIVING AND GRANTING unto said Attorney-In-Fact, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Power of Attorney, and therefore, I (we) hereby ratify and confirm every act that said Attorney-In-Fact shall Lawfully do or cause to be done by virtue of these presents.

The validity of this Power of Attorney shall not be affected by my (our) subsequent disability or incapacity as recognized under the applicable State Laws, and shall continue in full force and effect during my (our) lifetime, unless sooner revoked or terminated by me (us) in writing.

IN WITNESS WHEREOF, I (WE) have hereunto set my (our) hand(s) this 7th day of January, 19 84

Dianne Colby

Principal

fka Dianne Amylie

Principal

ACKNOWLEDGEMENT

Return To: T/A
J.H. ClarkeState of ArizonaCounty of Maricopa

This Instrument was acknowledgment before me, the undersigned Notary Public, this

January

19 84 by

day of

My Commission Expires:

My Commission Expires Apr. 13, 1986

Linda A. Kelly
Notary Public