

45019 04-12756 MTC 14433

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## SPECIAL POWER OF ATTORNEY (To be prepared under the supervision of an Attorney)

KNOW ALL MEN, that I, SGT ROBERT L. HAUDENSHILD and SUZY M. HAUDENSHILD  
 a legal resident of Keno, Oregon (City) (State)  
 and presently stationed or residing at Villa Trailer Ct, Lt 50, Ellsworth AFB SD

desiring to execute a SPECIAL POWER OF ATTORNEY, do hereby appoint EDWARD SCHMIDT  
 whose address is P.O. Box 18, Keno, Oregon 97627  
 my Attorney-in-Fact to act as follows, GRANTING unto my said Attorney full power to:

Sell and convey in fee the following described property, together with all improvements thereon, for such amounts as he in his judgment deems advisable:  
 Block 1, Lot 1 of Cedar Springs on Round Lake Rd in Klamath Falls, Oregon.  
 -----LAST ITEM-----

All business transacted by means of this power shall be transacted in my name, and all indorsements and instruments executed by my said attorney shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from and after 1 October, 19 85

Other:

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action" or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to United States Military control following termination of such status.

IN WITNESS WHEREOF, I have hereunto set my hand this 14 day of November, 19 84

Robert L. Haudenschild  
 WITNESSES: ROBERT L. HAUDENSHILD

Suzy M. Haudenschild  
 (Grantor's Signature)  
SUZY M. HAUDENSHILD  
012-46-6684 Rapid City SD 57701  
 (Address)  
264-37-8821 Miami, FL 33054

## IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC

State of South Dakota  
 (County) (City) (Parish) Meade

I, Beverly S. Nefzger, a Notary Public in and for the (County) (City) (Parish) and State  
 aforesaid, do hereby certify that on 14th day of November, 19 84, before me  
 personally appeared Robert L. Haudenschild and Suzy M. Haudenschild  
 who signed and executed the foregoing instrument.

In Witness Whereof, I have hereunto set my hand and official seal this day and year above.

My Commission Expires: 23 January 1990

After recording sent to  
 KFF 540 Main K Falls 200

# IF ACKNOWLEDGED BEFORE A MILITARY PERSON AUTHORIZED TO ADMINISTER OATHS

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(See AFR 110-6 for statutory provisions authorizing Armed Forces Personnel to perform Notarial Acts and for instructions on completing certificate of acknowledgement.)

With the United Armed Forces

At \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me personally appeared \_\_\_\_\_, the undersigned officer, do hereby certify that on \_\_\_\_\_ who signed and executed the foregoing instrument. I do further certify that I am at the date of this certificate a commissioned officer of the grade, \_\_\_\_\_ branch of service and organization stated below in the active service of the United States Armed Forces, that by statute no seal is required on this certificate and that same is executed in my capacity as a Judge Advocate at \_\_\_\_\_

(Organization and Station)

(Signature of Officer)

(Name, Grade, Armed Force)

Authority for this notarial act is granted by 10 U.S.C. 936 and state statutes.

## GENERAL GUIDANCE

1. ADVICE OF COUNSEL. A power of attorney should be executed only after a legal assistance officer has explained to the grantor the legal consequences of the execution of such a document.
2. TERMINATION. Written powers of attorney may be terminated by destruction of the writing, by a written revocation, or by inclusion of a specific expiration date. All powers of attorney expire automatically upon the death of the grantor. Most powers of attorney should include a termination date so that they will expire when their purpose has been served. Consult state law on revocation of recorded powers.
3. WITNESSES AND ACKNOWLEDGMENT. Although it is not always necessary, the better practice is to have the grantor's signature witnessed

by two witnesses and acknowledged by an authorized official (See AFR 110-6). Whenever possible, the acknowledgment should be by a notary public. Consult state law on requirements for witnessing and acknowledging powers to convey real estate.

4. FEDERAL INCOME TAX RETURNS. IRS Form 2843 permits a person to designate another to represent him/her with respect to certain tax matters if (1) the taxpayer is ill or injured and thereby unable to file personally, (2) the taxpayer is continuously outside the United States for at least 60 days prior to the time the return is due, or (3) the district authorizes the taxpayer in writing upon a showing of good cause that an agent for the taxpayer is necessary.

## SUGGESTED CLAUSES

1. SHIPMENT OF HOUSEHOLD GOODS. Take possession, order the removal and shipment of any of my household goods from or to any base, warehouse or other place of storage or use, governmental or private, and to execute and deliver any receipt or other instrument necessary or convenient for such purposes.

2. RENTAL OF SUITABLE HOUSING. Procure rental of suitable housing for me and my family (consisting of my spouse and children), in or near (base or community), and to use his/her judgment and discretion as to type of housing and amount of rental, subject to local laws relating to the rental of housing and applicable regulations of (organization and station), and to obligate me as may be necessary to carry out this power of attorney.

3. LEASE OF REAL PROPERTY. Enter upon and take possession of the following described property, together with all improvements thereon: (here describe property); to lease the same upon terms acceptable to my Attorney-in-Fact (but in no event shall said rental be less than \$\_\_\_\_\_ per month); to collect and deposit to my credit the income therefrom; and to manage and repair the structures and improvements thereon.

4. SALE OF REAL PROPERTY. Sell and convey in fee my property located at (street address) and being described as (legal description), for such amounts as my Attorney-in-Fact deems advisable (but for not less than \$\_\_\_\_\_).

5. PURCHASE OF REAL PROPERTY (VA Loan). Execute for me, in my name, as my Attorney-in-Fact, and documents, including those

required by the Veterans Administration, necessary to close the loan on the following described property, which (I am intending to occupy as my own home) (is to be occupied by my immediate family during my absence and by me upon my return), and which I am using (my full VA entitlement) (the amount of \$\_\_\_\_\_ of my VA entitlement) to (purchase) (repair) (alter) (improve), over a \_\_\_\_\_ year term at the VA interest rate current as of the date of closing, according to the terms of the sales contract: (insert legal & common description).

6. MEDICAL AND HOSPITAL CARE. Authorize and execute consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well-being of my following named child(ren): \_\_\_\_\_

7. SALE OF MOTOR VEHICLE. Sell, in my name, (for such price as my Attorney-in-Fact deems best) (for not less than \$\_\_\_\_\_); my (describe vehicle); to transfer title thereto; and to do any acts necessary to renew or cancel, in my name, the registration and/or insurance of said motor vehicle.

8. REGISTRATION OF MOTOR VEHICLE. Register, in my name, my (here describe vehicle), in the state of \_\_\_\_\_.

9. SHIPMENT OF MOTOR VEHICLE. Deliver my (describe vehicle) to \_\_\_\_\_ for shipment to \_\_\_\_\_ and execute any documents necessary to accomplish same.

STATE OF OREGON: COUNTY OF KLANATH: ss

I hereby certify that the within instrument was received and filed for record on the \_\_\_\_\_ 14th day of January A.D., 1985 at 1:05 o'clock P M, and duly recorded in Vol M85 \_\_\_\_\_, of \_\_\_\_\_ Deeds on page 759.

Fee: \$ 9.00

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy