

86135

STATE OF OREGON,
County of Klamath ss.

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RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

NAME Cheryl S. Trilanovich
STREET ADDRESS 23017 W. Magnolia Glen Dr.
CITY Valencia, Ca.
STATE Ca.
ZIP 91354

Filed for record at request of:

Beatrice B. Carter
on this 12th day of April A.D., 19 88
at 12:27 o'clock P M. and duly recorded
in Vol. M88 of Power of Atty Page 5512

Evelyn Biehm County Clerk
By Bernetha D. Heloch

Fee, \$5.00

Deputy.

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Beatrice B. Carter

(jointly and severally if more than one, hereinafter collectively "principal"), the undersigned appoint James H. Carter in my stead if I become mentally incompetent and/or physically incapacitated, or at my demise be

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To use and take any lawful means to secure our estate, take over bank accounts, community property and joint ownships, as his own.

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Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 11 day of February, 19 88.
Beatrice B. Carter

STATE OF CALIFORNIA

COUNTY OF Los Angeles } ss.

On this 11th day of February, in the year 19 88, before me, the undersigned, a Notary Public in and for said State, personally appeared **Beatrice B. Carter**

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

[Signature]
Notary Public in and for said State.

