

STATE OF _____ }
COUNTY OF _____ } ss
Witness my hand and Official Seal.
Indexed _____ Paged _____ Blotted _____

I hereby certify that the within instrument was
filed for record _____ in County,
State of _____

No. _____
Book _____ Page _____
Date _____
Request of: _____

County Recorder

By _____

Deputy

Fee

When recorded, mail to:

SPECIAL POWER OF ATTORNEY

(DURABLE)

KNOW ALL MEN BY THESE PRESENTS that I (we) Mark Allen Rowland _____ the undersigned

principal(s), whose address is 1236 E. Alice Avenue Phoenix, Arizona 85020 _____, by this instrument,

hereby constitute and appoint Deborah D. Rowland _____, whose address is

6161 Castle Terrace Central Point, Oregon 97502 _____ 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: Real Estate transactions for property located in Klamath County,
(Briefly describe the specific act to be accomplished)

Oregon.

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

- buy, sell, contract, receive, possess, transfer, lease, let, demise, remise, release, encumber, hypothecate, or mortgage, whichever is applicable, to accomplish the objectives heretofore described above.
- 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;
- _____ (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 15th day of December, 19 89

Principal

Principal

ACKNOWLEDGEMENT

State of Arizona _____ }
County of Maricopa _____ }

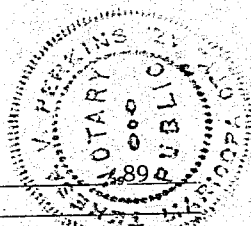
This POWER OF ATTORNEY was acknowledged before me, the undersigned Notary Public, this 15th day of December

by Mark Allen Rowland

My Commission Expires Apr. 9, 1992

Jeresa Perkins
Notary Public

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 18th day
of Jan. A.D., 19 90 at 4:00 o'clock PM., and duly recorded in Vol. M90
of Deeds on Page 1248

Evelyn Biehn - County Clerk

By Pauline Mullender

FEE \$8.00