42413

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KNOW ALL MEN BY THESE PRESENTS, That I,

MARJORIE MARVIN

have made, constituted and appointed and by these presents do make, constitute and appoint

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

SAFE DEPOSIT BOX # 1365 AT KlAMATH FIRST FEDERAL SAVINGS + LOAN ASSOC.

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 it personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

| Į I | n construing | this | instrument | and | where | the | context so | requires, | the | singular | includes | the | plural |
|-----|--------------|------|------------|-----|-------|-----|------------|-----------|-----|----------|----------|-----|--------|
| | | | | | | | | | | | | | |

| Dated Marc | 19 92 Marian | |
|------------|---|------------------------|
| - N | | |
| | STATE OF OREGON, County of Klamath)ss. This instrument was acknowledged before me on March 9 by Lot Ellingson 55 | , 19 . 2 2, |
| | Linda M. Leed | |

| OF OF | Linda M. Lead Notary Public for Oregon My commission expires 10/29 93 | | | | | |
|---|---|---|--|--|--|--|
| POWER OF ATTORNEY (FORM No. 15) | | STATE OF OREGON, County ofKlamath ss. | | | | |
| | 100 | I certify that the within instru- | | | | |
| | | ment was received for record on the 19th day of March 1992, | | | | |
| | | at 10:04 o'clock A.M., and recorded in | | | | |
| то | | book/reel/volume No. M92 , on | | | | |
| 10 | SPACE RESERVED | page5782 or as fee/file/instru- ment/microfilm/reception No42413 | | | | |
| | FOR RECORDER'S USE | Record of Power of Attorney | | | | |
| • | | of said County. | | | | |
| AFTER RECORDING RETURN TO | | Witness my hand and seal of | | | | |
| Mr. Don Berry | | County affixed. | | | | |
| 1176 Adelaide Au Klamath Falls, OR 97603 | | Evelyn Biehn, County Clerk | | | | |
| NAME, ADDRESS, ZIP | Fee \$5.00 | By Rauline Mullendore Deputy | | | | |