

ON ATE #01041338

04-21-94P03:55 RCVD

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79522

KNOW ALL MEN BY THESE PRESENTS, That I, Danice K. Bowers  
do hereby make, constitute and appoint Ronald R. Bowers have made, constituted and appointed, and by these presents  
my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to sell and convey to  
any party or parties at such price or prices and upon such terms as shall seem meet, all or any portion of the following  
described real property situate, lying and being in the county of Klamath in the state of  
Oregon and more particularly described, as follows, to-wit:

See - Exhibit "A"

with all the privileges and appurtenances thereunto belonging or in anywise appertaining, and for me and in my name to make out,  
execute, acknowledge and deliver proper deeds of conveyance of the same with or without covenants of seisin, freedom from encum-  
brances and warranty.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing what-  
soever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if person-  
ally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my said attor-  
ney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated April 9, 1994.

X Danice K. Bowers

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on April 9, 1994,  
by Danice K. Bowers

Steven E. Gelhardt

Notary Public for Oregon  
My commission expires JAN 11, 1997

## POWER OF ATTORNEY

Danice K. Bowers

Danice K. Bowers

TO

RONALD R. Bowers

Ronald R. Bowers

AFTER RECORDING RETURN TO

Mr. & Mrs. Ronald R. Bowers

2739 Kane St.

Klamath Falls, OR 97603

NAME, ADDRESS, ZIP

SPACE RESERVED  
FOR  
RECORDER'S USE

STATE OF OREGON,

County of \_\_\_\_\_ } ss.

I certify that the within instru-  
ment was received for record on the  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded  
in book/reel/volume No. \_\_\_\_\_ on  
page \_\_\_\_\_ of as document/fee/file/  
instrument/microfilm No. \_\_\_\_\_,  
Record of \_\_\_\_\_  
of said County.

Witness my hand and seal of  
County affixed.

NAME TITLE

By \_\_\_\_\_ Deputy