

MT C 32914-HF

06-10-94A09:41 RCVD

Volm 94 Page 18203

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**Power of Attorney
(Uniform Statutory Form)**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I MARILYN V. CARTER, 14292 KARAKA LANE, REDDING, CA, 96001
(your name and address)

appoint CAROL GREENE, 2775 32nd St., Coos Bay, Oreg. 97420
(name and address of the person appointed, or of each person appointed if you want to designate more than one)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- ☒ (A) Real property transactions.
- ☐ (B) Tangible personal property transactions.
- ☐ (C) Stock and bond transactions.
- ☐ (D) Commodity and option transactions.
- ☐ (E) Banking and other financial institution transactions.
- ☐ (F) Business operating transactions.
- ☐ (G) Insurance and annuity transactions.
- ☐ (H) Estate, trust, and other beneficiary transactions.
- ☐ (I) Claims and litigation.
- ☐ (J) Personal and family maintenance.
- ☐ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- ☐ (L) Retirement plan transactions.
- ☐ (M) Tax matters.
- ☐ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

Return: Carol Green, 2775 32nd St., Coos Bay OR 97420

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

*Coral Greene shall have the right to sell the property
at 4008 Shasta Way, also known as 1705 Derby
in Klamath Falls, Oregon 97601*

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THE POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

**EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this *Twenty-second* day of *February*, 19 *94*

Marilyn H. Carter
(your signature)

543-54-1070

(your social security number)

State of *California*

County of *Shasta*

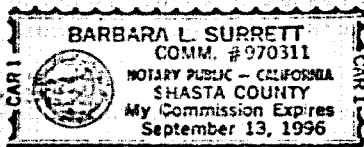
Page 3

Cowdery's Form No. 1025 - POWER OF ATTORNEY - Uniform Statutory Form - (C.C.C. 2475) (Revised 5/93)

18203

18205

State of California
County of Shasta



On Feb. 22, 1994, before me, Barbara L. Surret, personally appeared Marilyn V. Carter, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed in the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Barbara L. Surret
Notary Public in and for said State

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Page 4

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity or the suitability of these forms in any specific transaction.
Cawdery's Form No. 1025 - POWER OF ATTORNEY - Uniform Statutory Form - (C.C.C. 2475) (Revised 5/93)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 10th day of June A.D., 19 94 at 9:41 o'clock A.M., and duly recorded in Vol. M94 of Deeds on Page 18203

FEE \$20.00

Evelyn Biehn
By Osborne Nielsen County Clerk