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MOUNTAIN TITLE CO.

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MTC35D3A HF FOWER OF ATTORNEY TO PURCHASE REAL ESTATE

KNOW ALL MEN BY THESE PRESENTS. That I, \_\_\_\_\_ BRENDA A. SAVELAND

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to: Execute any and all documents necessary to purchase, mortgage, and hypothecate. including but not limited to deeds, contracts, earnest money agreements, escrow instructions, miscellaneous lender originated documents, and to receive and to disburse any and all funds CONCERNING the following described property:

609 LYTTON STREET KLAMATH FALLS, OR 97601

\_\_\_\_\_, more particularly described as follows:

Lot 7 in Block 62 of LAKEVIEW ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

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 if personally present, hereby ratifying and confirming all that my said attorney or my said attorney shall lawfully do or cause to be done by virtue hereof. In construing this instrument and where the context so requires, the

singular includes the plural.

OFFICIAL SEAL Dated MELANIE R. GILL NOTARY PUBLIC - OREGON COMMISSION NO.014248 MY COMMISSION EXPIRES MAR. 29, 1596 STATE OF OREGON, County of Clackaman )ss. **19**95 13Saveland Brenda А Personally appeared the above named and acknowledged the foregoing instrument to be The voluntary act and deed. MIV anu Before me: (Official Seal) Notary Public for Oregon. My commission expires POWER OF ATTORNEY STATE OF OREGON, ŀ }55 AN/F County of Klamath ł I certify that the within instrument was received for record on the 19th day , 19 95, at 3:54 of April o'clock P M, and recorded in book/reel /volume No. M95 on page 9902 or as fee/file/instrument/microfilm/reception No. 98634, Record of Mortgages of said County. DEEDS Witness by my hand and seal of County affixed AFTER RECORDING RETURN TO: BEIANF SAVELAND Bernetha TITLE NAME 009 LITTON OR97601 Deputy NAME, ADDRESS, ZIF FEE:\$10.00