TO M No. 15-POWER OF ATTOMEN Act 03014772 Vol. male Page 8705 20324 KNOW ALL MEN BY THESE PRESENTS, That I, SUE L. NICKLIN 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 Execute any and all documents including, but not limited to loan documents, required to complete the purchase, mortgage and emcumber the following described property: Shots 3, 4 and 5, Block 3, KLAMATH RIVER SPORTSMANS ESTATES, in the County of Klamath, State of Oregon, commonly known as 15150 Mustang Road, Keno, Oregon, 97627. Code 21 Map 4008-17CA TL 1500 Code 52 Map 4008-17CA TL 1600 Stode 52 Map 4008-17CA TL 1700 8 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 shall lawfully do or cause to be done, In construing this instrument and where the context so requires, the singular includes the plural. by virtue hereof. he d Usla STATE OF OREGON, County of <u>Klamath</u>) ss. 19 96. This instrument was acknowledged before me on _____ June 13 Sue L. Nicklin A OFFICIAL SEAL CAROLE JOHNSON NOTARY PUBLIC - OREGON Notary Public for Oregon My commission expires January 31, 1998 COMMISSION NO. 031504 SION EXPTRES JAN 31, 1958 STATE OF OREGON. 5S. POWER OF ATTORNEY County ofKlamath I certify that the within instru-(FOIM No. 15) ment was received for record on the 24th day of ______ June _____ 19.96. at 11:43 o'clock AM., and recorded in book/reel/volume No. M96 on page 18705 or as fee/file/instrument/microfilm/reception No. 20324 , SPACE RESERVED TO Record of Deeds 708 RECORDER'S USE of said County. Witness my hand and seal of County affixed. AFTER RECORDING RETURN TO Bernetha G Letsch, County Clerk Robert R. Begg NAME P.O. Box 48 By Cliny Fussell Deputy Keno, OR 97627 Fee \$10.00 NAME, ADDRESS, ZIP