

25347

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A+C # 03044364

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). 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 SUSAN KROUSE 407 CALIFORNIA AVE. SANTA CRUZ, CA (Your name and address) appoint BILLIE KEZER 5481 BRYANT KLAMATH FALLS, OR (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

- SK (A) Real property transactions.
- _____ (B) ~~Tangible personal property transactions.~~
- _____ (C) ~~Stock and bond transactions.~~
- _____ (C) ~~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.~~
- _____ (I) ~~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).

SPECIAL INSTRUCTIONS:

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

THIS POWER OF ATTORNEY IS SPECIFICALLY FOR BILLIE KEZER TO HANDLE ALL FAUCETS PERTAINING TO THE CLOSING OF ESCROW AT 4454 ALTAMONT, KLAMATH FALLS, ORE. IN A TIMELY MANOR.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL ~~IT IS REVOKED~~ SEPT. 25, 1996

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

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS 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 WANT TO 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 12th day of September, 19 96.

Susan Krouse

(Your signature)

555 82 4407

(Your social security number)

State of CALIFORNIA

County of SANTA CRUZ

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

29764-A

NOTES

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

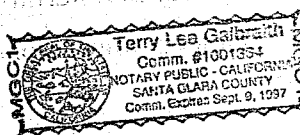
State of California ss.

County of Santa Clara

On 12 Sep 96 before me, Terry Lea Galbraith, personally appeared Susan Krous 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 to 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. (Seal)

Terry Lea Galbraith (signature of notary public)



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 19th day
of Sept. A.D., 19 96 at 3:43 o'clock M., and duly recorded in Vol. M96
of Deeds on Page 29763
Bernetha G. Letson County Clerk
By Rachael Rose

FEE

\$20.00

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Cowdery's Form No. 1025 - (New No. 20025) - POWER OF ATTORNEY - Uniform Statutory Form - (C.C.C. 2475) (Rev. 1-95)