AFTER RECORDING FORWARD TO: ASPEN TITLE AND ESCROW #02048811

Vol. <u>M48</u> Page 46517

A240-10 R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCU-MENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, that I, Kenneth W. Penson, of Myself specific power of attorney to Rachael C. Penson, as Grantor, do hereby make and grant a limited and of heaself.

and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.



Signed under seal this 5 day of October , 1998 (year).
Signed in the presence of:
Witness William ()
Witness Transfer Tran
Witness Attorney in Fact
Witness
Witness State of the Control of the
State of OREGON
County of KLAMATH
On OCTOBER 5, 1998 before me, Lana Kautzman appeared Rachael Person
personally known to me (or proved to me on the basis of satisfactory evidence) to be the personally
is all substituted to the within instrument and acknowledged to me that be should be some 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.
Signature Jana Sausman
Affiant Vnous VV Dayburd ID
Type OFFICIAL REAL
State of OREGON NOTARY PUBLICADREGON
County of KLAMATH MY COMMISSION EXPIRES NOV. 3, 200
On OCTOBER 5, 1998 before me, Lana Kautzman appeared KENNETH W PERSON
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose person(s)
islate 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.
Simon Saut
Signature 1990 July 1990
AffiantKnownProduced ID Type of ID_OREGON_DL#11311065/
OFFICIAL MAL
LANA KAUTZMAN
COMMISSION NO. 506499
MY COMMISSION EXPIRES NOV. 3, 2001
er en
E OF OREGON: COUNTY OF KLAMATH: ss.
· · · · · · · · · · · · · · · · · · ·
•
or record at request of Agreen Tital of Economic the Co.
for record at request ofAspen_Title & Escrow the
To record at request ofAspen_Title & Escrow the21st
Or record at request of Aspen_ Title & Escrow the the 10:55 o'clock _A M., and duly recorded in VolM98 of Power of Attorney on Page46517
or record at request ofAspen_Title & Escrowthe21st