

State of Oregon, County of Klamath
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Linda Smith, County Clerk
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POWER OF ATTORNEY**OF****Nancy Lynn McMahon****I. PRINCIPAL AND ATTORNEY-IN-FACT**

I, Nancy Lynn McMahon, who resides at 5225 Bristol Avenue, Klamath Falls, OR 97603, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below.

Name: Marcia Hughes

Address: 5231 Bristol Avenue Klamath Falls, OR 97603

II. EFFECTIVE TIME

This Power of Attorney shall become effective immediately and shall continue to be effective until my death or until I lack the capacity or ability to manage my financial affairs.

III. POWERS OF ATTORNEY-IN-FACT

My attorney-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law:

YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

(✓) **REAL ESTATE TRANSACTIONS:**

- Manage, sell, transfer, lease, mortgage, pledge, refinance, insure, maintain, improve, and perform any and all other acts with respect to real property and interests in real property that I own now or later acquire.
- Defend, settle and enforce by litigation a claim to real property and interests in real property that I own now or later acquire.

- Buy, lease or otherwise acquire real property or an interest in real property.
- Execute deeds, mortgages, releases, satisfactions and other instruments relating to real property and interests in real property that I own now or later acquire.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as the attorney-in-fact deems necessary or appropriate in order to fully effectuate the purposes of the foregoing matters.

IV. GENERAL PROVISIONS

1. Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy or copy of this document may rely on act under it. Revocation or termination of this Power of Attorney shall be ineffective as to the third party unless and until actual notice or knowledge of the revocation or termination has been received by the third party. I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any third party from any and all claims because of reliance on this instrument in good faith.

2. Severability. If any provision hereof is found to be invalid or unenforceable, such invalidity or unenforceability shall not affect the other provisions of this document, and such other provisions shall be given effect without the invalid or unenforceable provision.

3. Revocation. I may revoke this Power of Attorney at any time.

4. Accounting. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.

5. Compensation and Reimbursement. My attorney-in-fact shall not be compensated for services provided on my behalf pursuant to this Power of Attorney. My attorney-in-fact shall be reimbursed for all reasonable expenses incurred relating to his responsibilities under this Power of Attorney.

6. Personal Benefit Permitted. So long as my attorney-in-fact is acting in good faith and in my best interest, my attorney-in-fact is permitted to personally benefit or profit from transactions taken on my behalf.

7. Commingling of Funds. My attorney-in-fact is permitted to commingle my funds and assets with his or her own.

8. Liability of Attorney-in-Fact All persons or entities who in good faith endeavor to carry out the provisions of this Power of Attorney shall not be liable to me, my estate, or my heirs, for any damages or claims arising because of their actions or inactions based on this Power of Attorney. My estate shall indemnify and hold them harmless. A successor attorney-in-fact shall not be liable for acts of a prior attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on the date set forth below.

Date: April 23 2004

Nancy Lynn McMahon
Signature of Nancy Lynn McMahon

This document was prepared by:

Name: Marcia Hughes

Address: 5231 Bristol Avenue, Klamath Falls, OR

ACKNOWLEDGMENT
OF NOTARY PUBLIC

State of OR

County of Klamath

On this 23 day of April, 2002, before me, the undersigned Notary Public, personally appeared Nancy Lynn McMahon, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing Power of Attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public: _____

