Vol_MO2_Page_28122

'02 MAY 10 PM1:56

SPECIFIC POWER OF ATTORNEY

WHEN RECORDED MAIL TO:

SPACE ABOVE FOR RECORDERS USE

DOC ID #:

ESCROW/CLOSING #: KS8704 50

KNOW ALL MEN BY THESE PRESENTS, that I, DENNIS B KNIGHT 115 CHERRY AVENUE OREGON CITY, OR 97045-

FHA/VA/CONV Specific Power of Attorney 1U0151XX (03/01)



Page 1 of 3

Initials:



K36-

herewith nominate, constitute and appoint

Suzanne L. Knight

my true and lawful attorney-in-fact, for me and in my name, place and stead to:

Contract for, purchase, receive and take possession of; to sell, exchange, grant or convey with or without warranty; to mortgage, transfer in trust, or otherwise encumber or hypothecate the property legally described as:

-----___ ---------..... _____ ____ ------- ----------_____ ----____

whose address is

1807 BURNS STREET

, KLAMATH FALLS, OR 97603-

and to endorse, sign, seal, execute and deliver any and all mortgages, Deeds of Trust, Deed of Trust Notes, notes or bonds, financing statements, checks, drafts or other negotiable instruments and other written instrument(s) of whatever kind reasonably required to effectuate this loan.

FHA/VA/CONV Specific Power of Attorney 1U0152XX (03/01)

Page 2 of 3

Initials:

This Power of Attorney is specifically limited to the above purposes and, if not exercised prior to <u>OCTOBER 21, 2002</u>, shall be revoked.

Signed this

day of [Principal Signature]

FHA/VA/CONV Specific Power of Attorney 1U0153XX (03/01)

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Page 3 of 3

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California)
County of Sacramento	> SS.
County of Outer an Enrice	J
On $29^{\pm}A\alpha$. 2002, before me,	Nhia Thad
	Nhia Thad Name and Tille of Officer (e.g., "Jane Doe, Notary Public") B. Knight
personally appeared	B. Khightt Naple(s) of Signer(s)
	i l personally known to me \mathcal{X} proved to me on the basis of satisfactory
	evidence
	to be the person(s) whose name(s) is bre
	subscribed to the within instrument and
	acknowledged to me that he/she/they executed
NHIA THAO	the same in histher/their authorized capacity(ies), and that by histher/their
Commission # 1330173	capacity(ies), and that by his/h er/the ir signature(s) on the instrument the person(s) , or
Sacramento County	the entity upon behalf of which the person(s)
My Comm. Expires Nov 13, 2005	acted, executed the instrument.
	WITNESS my hand and official seal?
	hla hu
Place Notary Seal Above	June on
, nee totaly sear house	Signature of Notary Public
	OPTIONAL
Though the information below is not required by and could prevent fraudulent remova	/ law, it may prove valuable to persons relying on the document I and reattachment of this form to another document.
Description of Attached Document	c Power of Attorney
Title or Type of Document:	- Power OT Fittorney
Document Date: 29th Apr. 1	2002 Number of Pages: 3
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Capacity(ies) Claimed by Signer Signer's Name:	
Capacity(ies) Claimed by Signer Signer's Name: / Individual	
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s):	
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — [] Limited [] General	
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s):	
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator	OF SIGNER Top of thumb here
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — [] Limited [] General Attorney in Fact Trustee	OF SIGNER Top of thumb here
Partner — [] Limited [] General Attorney in Fact Trustee Guardian or Conservator	Top of thumb here