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AMERITITLE has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

State of Oregon, County of Klamath
Recorded 02/24/2003 3:34 p m.
Vol M03 Pg 11111-12
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

MTZ 1396-4711

LF240-04
R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, 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, John C. Wertz Jr.
of P.O. Box 271554, Houston, Texas 77277
as Grantor, do hereby make and grant a limited and specific power of attorney to Gabe F. Mann
of 2385 Table Rock Road, unit 45, Medford, OR. 97501
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)
Undertake all responsibilities and perform all duties in relation to coordinating and completing activities leading to the act of sale of the following described property on behalf of John C. Wertz Jr. and Keith E. Wertz: Oregon Shores unit 2, 1st Addition, tract 1184, Block 48, Lot 25, Klamath County Oregon.
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.

IMPORTANT NOTE: This form is not valid for delegating personal financial and or property matters in the state of Maine. To obtain the correct form, call 1-800-822-4566 or visit www.MadeE-Z.com and click "access bonus forms" for a free downloadable form.

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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.

Other terms: All net proceeds for the benefit of John C. Wertz JR. and Keith E. Wertz to be paid to Gabe F. Mann for payment of his services rendered toward this SALE. No financial loss shall be incurred from the consummation of this SALE due to past and current liabilities, any and all, with same property or its disposal.

Signed under seal this 31st day of December

, 20 02 .

Signed in the presence of:

Witness

Witness

Witness

Witness

John C. Wertz
Grantor TDL#19977492

Attorney-in-Fact

State of TEXAS
County of HARRIS }

On 31st December 2002 before me, ELIZABETH J. GONZALEZ
appeared JOHN C. WERTZ JR.

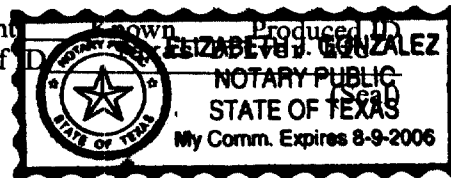
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Elizabeth J. Gonzalez

Affiant
Type of ID



State of
County of
On
appeared

before me,

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.

Signature

Affiant Known Produced ID
Type of ID

(Seal)