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RECORDING REQUESTED BY:

TD SERVICE COMPANY

WHEN RECORDED MAIL TO:

TD SERVICE COMPANY 1820 E. FIRST STREET, SUITE 300 SANTA ANA, CALIFORNIA 92705 State of Oregon, County of Klamath Recorded 12/03/04 // 4/a m
Vol M04 Pg 83/76-77
Linda Smith, County Clerk
Fee \$ 260 # of Pgs 2

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LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT WELLS FARGO BANK, N.A., A NATIONAL BANKING ASSOCIATION existing under the laws of the United States of America, with its principal place of business at: 18700 WALKER ROAD-BUILDING #92, BEAVERTON, OR 97006, constitutes and appoints TD SERVICE COMPANY at 1820 E. First Street, Suite 300 Santa Ana, California 92705 its true and lawful Attorney and in its name, place and stead and for its use and benefit to do the below enumerated acts which are or may be necessary to commence and/or complete Non-Judicial Trustee Foreclosure Sales of real property pursuant to the provisions of any and all deeds of trust held by the undersigned whether naming the undersigned originally as beneficiary or having been assigned to the undersigned.

This power of attorney shall be limited to the execution of the following documents:

APPOINTMENT OF SUCCESSOR TRUSTEE

The undersigned further gives to said attorney in fact full power and authority to do and perform any and every act and thing which may be necessary or convenient in connection with any of the foregoing as fully to all intents and purposes as he might or could do if personally present, hereby ratifying and confirming all that said attorney in fact shall lawfully do or cause to be done by authority hereof.

FILED OF RECORD IN THE COUNTY OF Klamath
STATE OF OREGON

WELLS FARGO BANK, N.A., A NATIONAL BANKING ASSOCIATION
y: Sherre Miller
Its AVP
ALL-PURPOSE ACKNOWLEDGEMENT
TATE OF }
OUNTY OF }
n 10 20 04 , before me, 10 10 100 a Notary Public in a down to me (or proved to me on the basis of satisfactory evidence) to be the person(s) nose name(s) is/are subscribed to the within instrument and acknowledged to me that /she/they executed the same in his/her/their authorized capacity(ies), and that by sher/their signature(s) on the instrument the person(s), or the entity upon behalf of
ich the person(s) acted, executed the instrument. ITNESS my hand and official seal.
fori-) alusico
tary Public's Signature
LORI L. TALARICO NOTARIAL SEAL STATE OF IOWA DOMMISSION NUMBER 702131