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State of Oregon, County of Klamath Recorded 02/07/05 3:7/p m
Vol M05 Pg 085 36 39
Linda Smith, County Clerk
Fee \$ 360 # of Pgs 4

RECORDING COVER SHEET

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON REPRESENTING THE ATTACHED INSTRUMENT FOR RECORDING. ANY ERRORS IN THIS COVER SHEET DO NOT AFFECT THE TRANSACTION(S) CONTAINED IN THE INSTRUMENT ITSELF.

After Recording, Return To: Lawrence W. Saltenberger 4415 Blackberry Ct Klamath Falls, OR 97603

1. Name(s) of the Transaction(s):

General Power of Attorney

2. Direct Party (Grantor):

Lawrence W. Saltenberger

3. Indirect Party (Beneficiary):

Dennis M. Saltenberger

4. True and Actual Consideration Paid:

n/a

5. Legal Description:

See legal description attached hereto and made a part hereof by this reference



General Power of Attorney

(with Durable Provision)

APARTMENT - CONDOMINIUM - HOUSE

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, LAWRENCE W. SHLTENBERGER
of 2011 NORTH FOE VALLEY ROAD, KLAWINTH ELLIE DECENT
the undersigned Principal, do nereby make and grant a general power of attorney to the first and the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same and grant a general power of attorney to the same at
SALTENBERGER OF 3542 EVERGREEN TRIVE IN AMATH FAIL
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.
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If my Agent is unable to serve for any reason, I designate MICHAEL W. SALTENGERGIER
of 4415 BUHUKBERKY COURT, KLANIATH FALLS , as my successor Agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[J4 3]	(A)	Real estate transactions
[1/4)	(B)	Tangible personal property transactions
[]	(C)	Bond, share and commodity transactions
[-1/46]	(D)	Banking transactions
[] [[]	(E)	Business operating transactions
[8W3]	(F)	Insurance transactions
[\$105]	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
[145]	(H)	Claims and litigation
[,120,15]	(1)	Personal relationships and affairs
[34,	(J)	Benefits from military service
[&W5]	(K)	Records, reports and statements
[346 5]	(L)	Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
[]	(M)	Access to safe deposit box(es)
[805]	(N)	To authorize medical and surgical procedures
[378]	(O)	All other matters

Durable Provision: [代かり] (P)	If the blank space in the block to attorney shall not be affected by Grantor.	the left is initialed by the Prir the subsequent disability or in	ncipal, this power of ncompetence of the
Other Terms: NON			
capacity consistent with so undertaken.	ent hereby accepts this appointment sub h my best interests as he/she in his/her	best discretion in	
TO INDUCE ANY THII EXECUTED COPY OR I HEREOF SHALL BE INE REVOCATION OR TER HEIRS, EXECUTORS, L SUCH THIRD PARTY FOOF SUCH THIRD PARTY	RD PARTY TO ACT HEREUNDER, I H FACSIMILE OF THIS INSTRUMENT MAY EFFECTIVE AS TO SUCH THIRD PARTY I MINATION SHALL HAVE BEEN RECEIV EGAL REPRESENTATIVES AND ASSIGN ROM AND AGAINST ANY AND ALL CLA TY HAVING RELIED ON THE PROVISION	UNLESS AND UNTIL ACTUAL NOTI VED BY SUCH THIRD PARTY, AND NS, HEREBY AGREE TO INDEMNIF NIMS THAT MAY ARISE AGAINST SI NS OF THIS INSTRUMENT.	CE OR KNOWLEDGE OF SUCH THE FOR MYSELF AND FOR MY Y AND HOLD HARMLESS ANY UCH THIRD PARTY BY REASON
Signed under seal this	ath day of 1	DOVERNEE 20 0	<u>4</u> .
Witness: Witness: Witness:	Chamben LK Varyhu	Principal: Lancince	le). Salt borgs
me (or proved to me	ECION 2004 before me, — THE SALTENT on the basis of satisfactory evidence) to me that he/she/they executed the sar person, or the entity upon behalf of which	to be the person whose name is su	bscribed to the within instrument nd that by his/her signature on
	and official soal		
Signature:	Circle Cl Linglia	Affian Type of	tKnownProduced ID ID(Seal)
	OFFICIAL SEAL MARIE A. LINDERS NOTARY PUBLIC - OREGON COMMISSION NO. 369659 MY COMMISSION EXPIRES AUG. 16, 2007		

EXHIBIT "A" LEGAL DESCRIPTION

The following described real property also know as Lot 1, Parcel 1, in Section 20, Township 39 South, Range 11 1/2 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the Northeast corner of said Section 20; thence South 00 degrees 41' 55" East along the East line of said Section 20 a distance of 1840.14 feet to the true point of beginning of this description; thence continuing South along said East line a distance of 814.35 feet to a point; thence South 89 degrees 16' 53" West 199.86 feet; thence North 76 degrees 53' 48" West 97.03 feet; thence North 02 degrees 33' 50" West a distance of 795.60 feet to a point; thence East 320.00 feet to the point of beginning of this description.

Tax Account No:

3911-V2000-02000-000

Key No:

617568