

mtc-69132 stt

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After Recording

Return To:

Robert Thierolf  
3309 Venus Dr.  
NORTH POLE, AK  
99705

State of Oregon, County of Klamath  
Recorded 04/28/2005 3:10 Pm  
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Linda Smith, County Clerk  
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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, Robert J Thierolf  
of 3309 Venus Dr North Pole, AK 99705  
as Grantor, do hereby make and grant a limited and specific power of attorney to

of Angela Mathlin  
3305 Cannon Ave, Klamath Falls, Or 97603  
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)

Perform All Duties necessary to List and Sell my Property  
located at 3312 Cannon Ave  
Klamath Falls, Or. 97603

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](http://www.MadeE-Z.com) and click "access bonus forms" for a free downloadable form.**

2600mm

**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:**

Signed under seal this 16 day of MARCH, 2005.  
Signed in the presence of:

Witness

Witness

Witness

Witness

Grantor

Attorney-in-Fact

State of AlaskaCounty of 4th Judicial District

On March 16, 2005 before me, Bonnie J. Woodward,  
appeared Robert J. Thierolf

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 X Produced ID  
Type of ID AK DL # 0297787 4/08

(Seal)

State of OregonCounty of Klamath

On 21 March 2005 before me, Angela Mathlin,  
appeared

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 Dr Lic (Seal)

