

MTC- 71788

M05-66600

Klamath County, Oregon

10/14/2005 02:32:57 PM

Pages 3 Fee: \$31.00

POWER OF ATTORNEY

THIS POWER OF ATTORNEY is given by me, Thomas Biolchini, presently of 1536 Wildflower Way, South Bend, in the State of Indiana, on the 7 day of October, 2005.

1. **Previous Power of Attorney**

I REVOKE any previous power of attorney granted by me.

2. **Attorney-in-fact**

I APPOINT Douglas Biolchini, of 2067 NW Lakeside Place, Bend , Oregon, to act as my Attorney-in-fact.

3. **Governing Laws**

This instrument will be governed by the laws of the State of Oregon. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Oregon at any time he or she may be acting on my behalf.

4. **Delegation of Authority**

My Attorney-in-fact may not delegate any authority granted under this document.

5. **Liability of Attorney-in-fact**

My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

6. **Powers of Attorney-in-fact**

My Attorney-in-fact will have the following power(s):

Initials

X a. **Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

- i. purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein, and
- ii. execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

X b. **Specified Power 1**

amt - Bend (old mill)

3/10

For the purchase of Property Lot 12, 32 and 39 Diamond Meadows Tract 1384.

7. **Attorney-in-fact Compensation**

My Attorney-in-fact will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.

8. **Co-owning of Assets and Mixing of Funds**

My Attorney-in-fact may not mix any funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.

9. **Personal Gain from Managing My Affairs**

My Attorney-in-fact is allowed to personally gain from any transaction he or she may complete on my behalf if the transaction is completed in good faith and with my Attorney-in-fact believing it is in my best interest.

10. **Effective Date**

This power of attorney will start immediately upon signing. Under no circumstances will the powers granted in this power of attorney continue after my mental incapacity or death.

11. **Attorney-in-fact Restrictions**

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

12. **Notice to Third Parties**

Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

13. **Severability**

If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

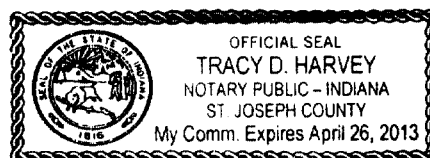
14. **Acknowledgment**

I, **Thomas Biolchini**, being the Principal named in this Power of Attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Power of Attorney.
- b. I am of legal age in the State of Oregon to grant a Power of Attorney.
- c. I am voluntarily giving this Power of Attorney.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of ~~Bend~~ ^{South Bend}, in the State of ~~Oregon~~ ^{Indiana}, this 7 day of October, 2005.

SIGNED, SEALED, AND
DELIVERED in the presence of:



Shirley

WITNESS:

Address: 2101 South Bend Ave
South Bend IN 46637

Chris Balint

WITNESS:

Address: 16199 Waterbury Bend
Granger, IN 46030

Thomas Biolchini

Thomas Biolchini