

mtc- 73379 D

**M06-04190**

Klamath County, Oregon

03/07/2006 02:42:54 PM

Pages 3 Fee: \$31.00

**RECORDING COVER SHEET**

THIS COVER SHEET HAS BEEN PREPARED BY THE  
PERSON PRESENTING 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:**

Michael W. True  
1420 Lookout Ave.  
Klamath Falls, OR. 97601

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

Power of Attorney to Purchase Real Estate

**2. Direct Party (Grantor):**

Karen E. Davenport

**3. Indirect Party (Grantee):**

Michael W. True

**4. True and Actual Consideration Paid:**

\_\_\_\_\_

**5. Legal Description:**

Lot 4 in Block 11 of Fairview Addition No. 2  
according to the official plat thereof on  
file in the office of the County Clerk  
of Klamath County, Oregon

31.00

POWER OF ATTORNEY  
Karen E. Davenport

to  
Michael W. True  
1420 Lookout Ave.  
Klamath Falls, OR 97601

AFTER RECORDING RETURN TO:  
Michael W. True  
1420 Lookout Ave.  
Klamath Falls, OR 97601  
NAME, ADDRESS, ZIP

### POWER OF ATTORNEY TO PURCHASE REAL ESTATE

KNOW ALL MEN BY THESE PRESENTS, That I, KAREN E. DAVENPORT, have made, constituted and appointed and by these presents do make, constitute and appoint MICHAEL W. TRUE, my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to: Execute any and all documents necessary to purchase, mortgage, and hypothecate, including but not limited to deeds, contracts, earnest money agreements, escrow instructions, miscellaneous lender originated documents, and to receive and to disburse any and all funds CONCERNING the following described property:

1419-1421 OREGON AVENUE, KLAMATH FALLS, OR 97601 and more particularly described as follows:

Lot 4 in Block 11 of FAIRVIEW ADDITION NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No: 3809-029CA-08100-000

Key No: 301113

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my said attorney or my said attorney shall lawfully do or cause to be done by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated 2/17/06

Karen E. Davenport  
KAREN E. DAVENPORT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above named \_\_\_\_\_ and acknowledged the foregoing instrument to be his/her voluntary act.

Before me:

(seal)

Notary Public for \_\_\_\_\_  
My commission expires \_\_\_\_\_

Notary Certificate  
Attached

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

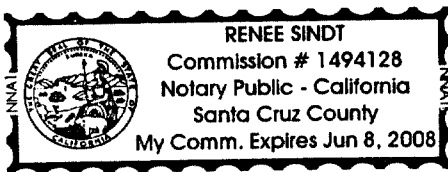
County of Santa Cruz

ss.

On Feb. 17, 2006, before me, Renée Sindt, Notary Public,  
personally appeared Karen E. Davenport,  
Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
Name(s) of Signer(s)

☐ personally known to me

☒ 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.



Place Notary Seal Above

WITNESS my hand and official seal.

Renée Sindt  
Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: Power of Attorney

Document Date:   /  /   Number of Pages: 1

Signer(s) Other Than Named Above:   /  

### Capacity(ies) Claimed by Signer(s)

Signer's Name: Karen E. Davenport

- ☒ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: self

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here