

EA

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



REVOCATION OF POWER OF ATTORNEY

M06-06686

Klamath County, Oregon

04/06/2006 02:18:36 PM

Pages 1 Fee: \$21.00

Bernice Oden
1529 Hope St
Klamath Falls OR 97603

To

John E. Stribling / Charlotte
Stribling
PO Box 795
Shady Cove OR 97539

After recording, return to (Name, Address, Zip):

Bernice Oden
1529 Hope St.
Klamath Falls OR 97603

SI

R

KNOW ALL BY THESE PRESENTS that whereas I, Bernice Oden

, by Letter, Warrant or Power of Attorney, bearing the

date of April 10, 2003, did make, constitute and appoint (1) John E. Stribling;

(2) Charlotte Stribling (successor) as my true and lawful Attorney for the purposes and with the powers therein set

forth, which document was recorded in ☐ book ☐ reel ☒ volume No. 22666 at page 22666, and/or as

☐ fee ☐ file ☐ instrument ☐ microfilm ☐ reception No. _____ (indicate which), Records of County, State of

Oregon

NOW, THEREFORE, the undersigned, for good cause, by these presents revokes and makes void that Letter, Warrant or Power of Attorney, and all power and authority thereby given.

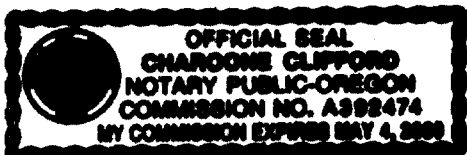
DATED April 6, 2004

Bernice Oden
Bernice Oden

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on April 6, 2004

by Bernice Oden



Charoone Clifford
Notary Public for Oregon
My commission expires May 4, 2009