

2006-015512

Klamath County, Oregon



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08/01/2006 03:40:59 PM

Fee: \$46.00

1st - 875077

COVER SHEET

ORS: 205.234

This cover sheet has been prepared by the persons 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:

____ Kristen A. Woods _____
____ C/O: Glassman, Browning, & Saltsman _____
____ 360 N. Bedford Drive, Suite 204 _____
____ Beverly Hills, CA 90210 _____

The date of the instrument attached is ____ October 12, 2001 ____.

1) NAMES(S) OF THE INSTRUMENT(S) required by ORS 205.234(a)

____ Power of Attorney _____

2) PARTY(IES)/GRANTOR, required by ORS 205.125(1)(b) and ORS 205.160:

____ Michael Woods _____

3) PARTY(IES)/GRANTEE, required by ORS 205.125(1)(b) and ORS 205.160

____ Kristen Woods _____

4) TRUE and ACTUAL CONSIDERATION (if any), ORS 93.030

\$ ____ 0 _____

5) FULL OR PARTIAL SATISFACTION ORDER or WARRANT FILED IN THE COUNTY CLERK'S LIEN RECORDS, ORS 205.121(1)(c)

____ N/A _____

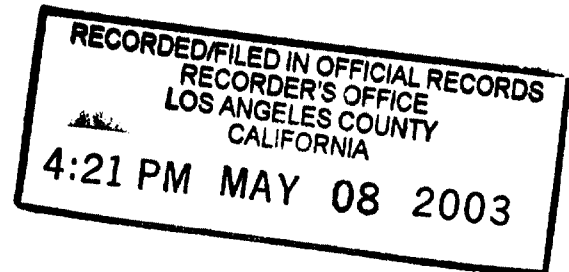
6) RE-RECORDED to correct: _____

Previously recorded as: _____

16. - F

This page is part of your document - DO NOT DISCARD

03 1321632



TITLE(S) : _____



FEE

FEE \$16	GG
DAF \$2	
C-20	4

D.T.T

CODE
20

CODE
19

CODE
9 _____

Assessor's Identification Number (AIN)

To be completed by Examiner OR Title Company in black ink.

Number of Parcels Shown

THIS FORM NOT TO BE DUPLICATED

03 1321632

Recorded at the Request of:

Glassman, Browning & Saltsman, Inc.

WHEN RECORDED MAIL TO:

Kristen A. Woods

c/o Glassman, Browning & Saltsman

360 N. Bedford Drive, Suite 204

Beverly Hills, CA 90210

(FOR RECORDER'S USE ONLY)

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Michael Woods

1910 Golden Sky Circle, Westlake Village, California 91362

(your name and address)

appoint Kristen A. Woods

2318 Second Street, #2, Santa Monica, California 90405

(name and address of the person appointed, or of each person
appointed if you want to designate more than one)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- ☐ (A) Real property transactions.
- ☐ (B) Tangible personal property transactions.
- ☐ (C) Stock and bond transactions.

- ____ (D) Commodity and option transactions.
____ (E) Banking and other financial institution transactions.
____ (F) Business operating transactions.
____ (G) Insurance and annuity transactions.
____ (H) Estate, trust, and other beneficiary transactions.
____ (I) Claims and litigation.
____ (J) Personal and family maintenance.
____ (K) Benefits from social security, medicare, medicaid, or other
governmental programs, or civil or military service.
____ (L) Retirement plan transactions.
WWT (M) Tax matters.
____ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR
EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE
IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF
ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 12th day of October, 2001

Michael Woods

(your signature)

157-32-6606

(your social security number)

State of California County of Orange

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Certificate of Acknowledgment

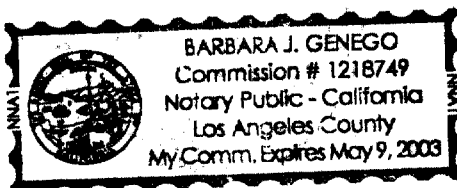
State of California

County of Los Angeles

On October 12, 2001 before me, Barbara J. Genego

personally appeared Michael Woods

X 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.



Barbara J. Genego
(signature of notary public)

This is a true and certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder/County Clerk

MAY 8 2003

Cory B. McCormick REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA

