

2006-017424

Klamath County, Oregon

Recording Requested By:
Deschutes County Title
51530 Huntington Dr. Suite 6
La Pine, Oregon 97739



00002468200600174240050055

08/30/2006 10:53:24 AM

Fee: \$41.00

When Recorded Return To:

Wayne Alan Crowder
104 Bahia Lane
Oceanside, Ca 92054

Until requested otherwise, send all tax statements:

ASPEN 63736

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

COVER SHEET

DOCUMENT:	General Power of Attorney
GRANTOR:	Barbara Janie Crowder
TRUSTEE:	
GRANTEE:	Alan Wayne Crowder

\$41-A

General 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, Barbara Janie Crowder
of 104 Bahia Lane Oceanside Cal 92054
the undersigned Grantor (hereinafter Principal), do hereby make and grant a general power of attorney to Alan Wayne Crowder
of 38457 Sumac Ave Palmdale
and do thereupon constitute and appoint said individual as my Attorney-in-Fact/Agent.
Cal 93530
If my Agent is unable to serve for any reason, I designate Robert M. Hembro
of 104 Bahia Lane Oceanside Cal. 92054, as my successor Agent.

My Attorney-in-Fact/Agent shall act in my name, place and stead in any way that I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of each box below with respect to each of the subdivisions (A) through (N) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- [B] (A) Real estate transactions
- [] (B) Tangible personal property transactions
- [] (C) Bond, share and commodity transactions
- [] (D) Banking transactions
- [] (E) Business operating transactions
- [] (F) Insurance transactions
- [] (G) Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- [] (H) Claims and litigation
- [] (I) Personal relationships and affairs
- [] (J) Benefits from military service



07/21/05

- [] (K) Records, reports and statements
- [] (L) Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
- [] (M) Access to safe deposit box(es)
- [] (N) All other matters

Durable Provision:

[*B.J.G.*] (O) If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.

Other Terms: _____

My Attorney-in-Fact/Agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this Friday day of June, 2006.

Signed in the presence of:

Janet F. W. Pfeiffer
Witness
Rebecca
Witness

Barbara Janie Crowder
Grantor (Principal)
Alan Wayne Crowder
Attorney-in-Fact/Agent

07/21/06

AB

State of California
County of San Diego

On June 2, 2006 before me, MICHELE BOILEAU Notary Public
appeared BARBARA JANIE CROWDER, 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.

Michele Boileau
Signature of Notary



Affiant Known ☒ Produced ID
Type of ID _____
(Seal)

07/21/06

06 1612460

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Los Angeles

ss.

On

6-07-2006

Date

before me,

Lori Carlton Mowry

Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Alan Wayne Crowder

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.

WITNESS my hand and official seal.

Lori Carlton Mowry
Signature of Notary Public

Place Notary Seal Above

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:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer

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

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07/21/06