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# RECORDING COVER SHEET

THIS COVER SHEET HAS BEEN PREPARED  
BY THE PERSON REPRESENTING THE  
ATTACHED INSTRUMENT FOR RECORDING.  
ANY ERRORS IN THIS COVER SHEET DO NOT  
AFFECT THE TRANSACTION(S) CONTAINED  
IN THE INSTRUMENT ITSELF.

MTCT70449 MS

## After Recording, Return To:

**Richard D. Blackard**

5425 Harlan Drive  
Klamath Falls, OR 97603

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

Power of Attorney

### 2. Direct Party (Grantor):

Richard D. Blackard

### 3. Indirect Party (Beneficiary):

Sandra Blackard

### 4. True and Actual Consideration Paid:

n/a

### 5. Legal Description:

2006-019990

# Limited 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, RICHARD D. BLACKARD  
of \_\_\_\_\_  
as Principal, do hereby make and grant a limited and specific power of attorney to \_\_\_\_\_  
of SANDRA BLACKARD  
KLAMATH FALLS OREGON  
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

(Describe specific authority) Any and all Business Transactions  
Requiring Authorization or Signature

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

## Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Principal. This power of attorney may be revoked by the Principal giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Principal resides. Furthermore, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such a time as said court determines that I am no longer incompetent.

## Other terms:

Signed under seal this 6<sup>th</sup> day of September, 2006.  
Signed in the presence of:

Witness: \_\_\_\_\_

Principal: [Signature]

Witness: \_\_\_\_\_

State of CALIFORNIA  
County of TULARE }

On 09-06-06 before me, NORMA L. LOREDO, Notary Public,  
appeared Richard D. BLACKARD  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed  
to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by  
his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.  
WITNESS my hand and official seal.

Signature: Norma L. Lored

Affiant ☒ Known \_\_\_\_\_ Produced ID  
Type of ID Oregon DL #9071068 EX 4-26-08  
(Seal)

