

2006-020129

Klamath County, Oregon

Recording Requested By:
Aspen Title & Escrow, Inc.
525 Main Street
Klamath Falls, OR 97601



00005640200600201290030036

10/06/2006 09:07:46 AM

Fee: \$31.00

When Recorded Return To:

Aspen Title & Escrow, Inc.
525 Main Street
Klamath Falls, OR 97601

Until requested otherwise, send all tax statements:

ASPEN: 62167 *PS*

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

COVER SHEET

DOCUMENT: Limited Power of Attorney
GRANTOR: Timothy G. Everall-Newman
TRUSTEE:
GRANTEE: Shereen M. Everall-Newman

\$31-A

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, Timothy G. Everall-Newman,
of 30911 Kodiak Lane, Bonanza, OR 97023,
as Principal, do hereby make and grant a limited and specific power of attorney to Sherren M. Everall-Newman,
of 30911 Kodiak Lane, Bonanza, OR 97023,
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) Real Estate Transactions - purchase agreements, listing agreements, loan documents, etc. proceeds checked at deposit only to acct # 0841675104, Washington Mutual, 5660 Mt. St. Helens Falls, OR -
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: Above terms apply to the sale of property at 30911 Kodiak Lane, Bonanza, OR 97023, purchase of property, location to be determined as 14343 N. Kingfisher, Lots 1, 2+3, included in 30911 Kodiak Lane, lot #52, Unit 1, KFFE.

Signed under seal this _____ day of _____, 20____.
Signed in the presence of:

Witness: _____

Principal: Timothy G. Newman

Witness: _____

State of Oregon
County of Klamath }

On 08/26/05 before me, Rebecca Huckins,
appeared Timothy G. Newman

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: Rebecca Huckins

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

