

2006-021268

Klamath County, Oregon



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Fee: \$36.00

RECORDING COVER SHEET

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

MTCTLW905 DS

After Recording Return To:

Richard R. Maglalang
3750 Tamayo St., #92
Fremont, CA 94536

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

Uniform Statutory Form Power of Attorney

2. Direct Party (Grantor):

Helen R. Wakefield

3. Indirect Party (Grantee):

Richard R. Maglalang or Teresa G. Maglalang

4. True and Actual Consideration Paid:

-0-

5. Legal Description:

300

Uniform Statutory Form Power of Attorney
California Probate Code Section 4402

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, Helen R Wakefield - 235 Miriam St. #2, Daly City, CA 94014
Your Name and Address

appoint Richard R. Maglalatang; OR TERESA G. Maglalatang
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.

INITIALS

- (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.
(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 INSTRUCTION LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

[illegible]

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.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED:

If I have designated more than one agent, the agents are to act

ONE AGENT DESIGNATION
Specially

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

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 Nov 9 2004 day of November, 2004
Helen R Wakefield

Your Signature

554-98-2022

Your Social Security Number

State of California, County of San Mateo

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

Certificate of Acknowledgment of Notary Public

State of California

County of SAN MATEO } ss

On NOV. 2, 2004, before me, FRANK KAZMAN,
personally appeared HELEN R. WAKEFIELD,
~~personally known to me (or~~ proved on the basis of satisfactory evidence) to be the person whose name is
subscribed to the within instrument, and acknowledged to me that he ~~or~~ she executed the same in his ~~or~~ her
authorized capacity and that by his ~~or~~ 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.

Frank Kazman

Notary Public for the State of California

[NOTARY SEAL]

My commission expires 1-25-06

