MTC 80484D5 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.

2007-016518 Klamath County, Oregon



09/19/2007 11:27:49 AM

Fee: \$31.00

After Recording Return To:

Carolyn S. Burns 18786 Ravenwood Dr. Perris, CA 92570

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

Uniform Statutory Form Power of Attorney

2. Direct Party (Grantor):

Jeanette M. McEntee

3. Indirect Party (Grantee):

Carolyn S. Burns

4. True and Actual Consideration Paid:

5. Legal Description:

 $\rm E1/2~E1/2~of~Lot~2~in~Block~4~of~KLAMATH~FALLS~FOREST~ESTATES~SYCAN~UNIT,$ also described as Lot 2D, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

31-AMT



(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 OR OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

(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. (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 TOWN AGENT. UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL	1,	Jeanette M. McEntee	
appoint Carolyn S. Burns 18786 Ravenwood Drive Perris , CA 92570 (NAME AND ADDRESS OF THE PHERON 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 OF THE OTHER POWERS. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD. INITIAL XX (A) Real property transactions. (B) Tangible personal property transactions. (C) Stock and bond transactions. (B) Tangible personal property transactions. (B) Banking and other financial institution transactions. (B) Business operating transactions. (B) Business operating transactions. (B) Business operating transactions. (B) Estate, trust, and other beneficiary transactions. (B) Estate, trust, and other beneficiary transactions. (B) Estate, trust, and other beneficiary transactions. (C) Stock and Davis May GIVE SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TOWN AGENT. UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL		19470 Lone Cow Drive	
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WOLCOTTS FORM 1402 - Rev. 2-95 (price class 3A) UNIFORM STATUTORY FORM POWER OF ATTORNEY **1995 WOLCOTTS FORMS, INC.

INCAPACITATED.

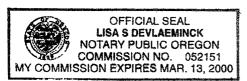
Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

Page 1 of 2

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

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACIF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AG	IT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT CE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR ENTS MUST ACT OR SIGN TOGETHER. nent may act under it. Revocation of the power of attorney is not effective e revocation. I agree to indemnify the third party for any claims that arise
Signed this 16 th day of Sept	. 1996
Jeantle M. M. Estee. (YOUR SIGNATURE)	754-44-8251 (Your social security number)
State of OREGON	County of DCSC HUTES
CERTIFICATE OF ACKNOW STATE OF REGION COUNTY OF DESCRIPTION On 9/16/96 before me, LISIA DE (NAME, TITLE OF OFFICER-LE. "JANE DOE, I	VLEDGEMENT OF NOTARY PUBLIC EV (CLE Min C) NOTARY PUBLIC*)
personally appeared Jeanette M. N	1º Entee
personally known to me (or proved to me on the basis of evidence) to be the person(s) whose name(s) is/are substitution within instrument and acknowledged to me that he/she/the same in his/her/their authorized capacity(ies), a his/her/their signature(s) on the instrument the person(s), upon behalf of which the person(s) acted, executed the in	cribed to the ney executed and that by or the entity
WITNESS MY HAND AND OFFICIAL SEAL. Sign Sign Sign Canna	k



(Signature)



(Seal)