

MTCL3916.9032

When recorded, mail to:

Name: Virginia Rena Nelson  
Address: 14880 Bear Claw Court  
Nevada City, CA 95959  
City/State/Zip Code: \_\_\_\_\_

2007-016918

Klamath County, Oregon



00032223200700169180030036

09/27/2007 11:40:45 AM

Fee: \$31.00

Space above this line for Recorder's use

**UNIFORM STATUTORY FORM  
POWER OF ATTORNEY**  
(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 AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

I, Virginia Rena Nelson  
(your full name and address)  
14880 Bear Claw Ct. Nevada City, Calif. 95959  
appoint Beverly Ina Zemel  
(name and address of person appointed, or of each person appointed if you want to designate more than one)  
14188-2 S. 5th Barrows Rd  
Seaside, Oregon 97223

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.

INITIAL

- N (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.

AMERITITLE has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

31AMT

INITIAL

- \_\_\_\_ (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 INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

*To act in my power for the  
real estate contract for sale and  
the sale of Lake Of The Shores  
Klamath Falls, Oregon, Cabin  
Sickner V4*

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 \_\_\_\_\_.

(IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH 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 23<sup>rd</sup> day of July, 20 07

Virginia R Nelson  
(Your Signature)

541-38-6736  
(Your Social Security Number)

California, Nevada  
(State and County)

ACKNOWLEDGMENT

State of California

County of

Nevada

) ss.  
)

On this

23

day of

July

, 20

07

, before me,

V. NEVINS

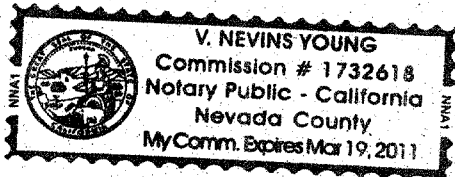
YOUNG, the undersigned Notary Public, personally appeared,

VIRGINIA R. NEILSON

~~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.

V. Nevins Young  
Notary Public



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