

2008-001537

Klamath County, Oregon



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Fee: \$36.00

MTC 81410 -MS

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.

After Recording, Return To:
Samantha A. Gregory
4140 Adelaide Avenue #C
Klamath Falls, OR 97603

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

Power of Attorney

2. Direct Party (Grantor):

Erwin L. Wusstig

3. Indirect Party

Samantha A. Gregory

4. See attached Exhibit "A" for legal description

30 ANT

LIMITED POWER OF ATTORNEY

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This limited power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. **THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED, OR INCAPACITATED.** This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your limited power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact that you appoint is reliable, trustworthy and competent to manage your affairs. This form must be signed by the Principal (the person appointing the attorney-in-fact), witnessed by someone other than the notary public, and acknowledged by a notary public.

I, ERWIN L. Wusstig, of 3661 Bates Street, City of IRVINE, State of CALIFORNIA, as Principal, grant a limited and specific power of attorney to Samantha A. Gregory, of 1136 Tamara Drive, City of Klamath Falls, State of OREGON, to act as my attorney-in-fact and to have the full power and authority to perform only the following acts on my behalf to the same extent that I could do so personally if I were personally present, with respect to the following matter to the extent that I am permitted by law to act through an agent:

For the sale of my real property located at 1136 Tamara Drive, Klamath Falls, Oregon 97603

If the attorney-in-fact named above is unable or unwilling to serve, then I appoint NONE, of _____, City of _____, State of _____, to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This power of attorney shall not be effective in the event of my future disability or incapacity. This limited grant of authority does not authorize my attorney-in-fact to make any decisions regarding my medical or health care. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall

my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. This grant of authority shall include the power and authority to perform any incidental acts which may be reasonably required in order to perform the specific acts stated above.

Dated: 5-29-07

Signature and Declaration of Principal

I, ERWIN L. WUSSTIG, the principal, sign my name to this power of attorney this 29th day of 2007 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

[Signature]
Signature of Principal

Witness Attestation

I, PATR A WUSTIG, the witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

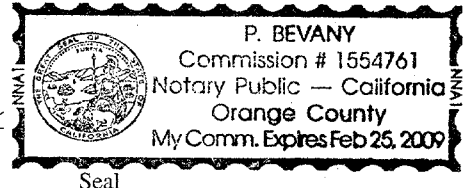
[Signature]
Signature of Witness

Notary Acknowledgment

State of CALIFORNIA County of Orange
Subscribed, sworn to and acknowledged before me by Erwin L. Wusstig, the Principal, and subscribed and sworn to before me by Patriera A. Wusstig, the witness, this 29th day of May 2007.

[Signature]
Notary Public Signature

Notary Public,
In and for the County of Orange State of CALIFORNIA
My commission expires: 02-25-2009



Acceptance of Appointment as Attorney-in-Fact

I accept my appointment as Attorney-in-Fact.

Signature of Attorney-in-Fact

Printed Name of Attorney-in-Fact

EXHIBIT "A"
LEGAL DESCRIPTION

PARCEL 1:

Lot 7 in Block 12 of Tract 1003, THIRD ADDITION TO MOYINA, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

PARCEL 2:

The Northerly 2 feet of Lot 6 in Block 12 of TRACT 1003, THIRD ADDITION TO MOYINA, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.