NAMES OF STREET

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



1	1		Vand
POWER OF ATTORNEY		2009-008179 Klamath County, Oregon	า
Poco Frin Forrest		000677052009000817900	
Marla D. hopez Gonzales	SPACE RESE FOR RECORDER'	06/12/2009 02:16:23 PM	Fee: \$21.00
After recording, return to (Name, Address, Zip):			
4045 Hilyard Ave 414 Klamath Falls Or. 97603			
KNOW ALL BY THESE PRESENTS that I,	TOCO 1	c forrest	
have made, constituted and appointed, and by these presence of the control of the	and for my use and idends, annuities and means in my name of for any of the same; and other assurances s, including my right transfer and deliver a bargain for, buy, sell, crty in possession or deed, to sign, seal, lading, bills, bonds, iting of whatever kir in the deed in the seen rented it and negotiable instru	benefit: to demand, sue for, recover, co demands whatsoever, as are now or s or otherwise for the recovery thereof, ar to bargain, contract for, purchase, receiv in the law therefor, and to lease, let, de- of homestead in any of the same for su- ll or any shares of stock owned by me in mortgage, hypothecate and in any and in action, and to make, do and transac execute, acknowledge and deliver all de- notes, evidences of debt, receipts, relea- ind and nature which my attorney in his- n my name, or in the name of myself a ments payable to my order; to withdraw	oblect and receive all such sums of hall hereafter become due, owing, dt to compromise, settle and adjust we and take lands, tenements, heremise, bargain, sell, remise, release, ch price, upon such terms and connany corporation for any price and every way and manner deal in and t all and every kind of business of teds, covenants, indentures, agreeses and satisfactions of mortgages, there absolute discretion shall deem and any other person or persons; to any moneys deposited in my name
GIVING AND GRANTING unto my attorney the full power sary to be done in and about the premises, as fully to all intents and precation, hereby ratifying and confirming all that my attorney shall lawful change in the status of my mental competency, or its deterioration, above the effectiveness and validity of this instrument. This power shall take effect (delete inapplicable phrase): (a) on the date next written below; (b) on the date I am adjudged incompetent by a confirmed in the phrase is deleted, this power shall take effect on the My attorney and all persons unto whom these presents shall either of such revocation or of my death. In construing this instrument, and where the context so required in the present of	ourposes as I might oully do or cause to be sence, or failure, who turt of proper jurisdicted date next written be come may assume the come may assume the singular incl	tion. elow. that this power of attorney has not been udes the plural.	ull power of substitution and revo- pecifically acknowledging that any affect, diminish, or make null and
	II.	MANUTONIA	
	-JES	11	
STATE OF OREGON, Count This instrument was a by POCO FOUN FO		(M) ss. fore me on June 12, (A)	,009
by	~		
OFFICIAL SEAL DEONA M DRAZIL NOTARY PUBLIC OREGON COMMISSION NO. 411537 MY COMMISSION EXPIRES NOVEMBER 2, 2010		Public for Ordgon mmission expires Novemb	2v 2, 2010

PUBLISHER'S NOTE: Use of this form in connection with real estate may subject the user to real estate licensing requirements. To avoid the need to comply with those requirements: 1) record this form in the county or counties where the real estate is located; 2) specify the address(es) of the property to be managed, controlled, and/or sold; and 3) state that the agent, in dealing with the real property, may not receive any compensation that would require the agent to be licensed under ORS 696 or other applicable law.