2009-011268 Klamath County, Oregon



SHEET - 08/21/2009 03:11:11 PM

Fee: \$36.00

COVER SHEET - ORS: 205.234

This cover sheet has been prepared by the persons presenting the attached instrument for recording. Any errors in this cover sheet DO NOT affect the transaction(s) contained in the instrument itself.

A	iter recording, return to:
	Chris Vilhaur 3517 Grenada Way Klamath Paus, OR 9063
1st july	951 ne date of the instrument attached is $A-10-09$.
	NAMES(S) OF THE INSTRUMENT(S) required by ORS 205.234(a) POWER OF PHOTYLEM
2) PARTY(IES)/GRANTOR, required by ORS 205.125(1)(b) and ORS 205.160:
	Chris A. Vilhauer
3	PARTY(IES)/GRANTEE, required by ORS 205.125(1)(b) and ORS 205.160 Trisha L. Villauw
4	TRUE and ACTUAL CONSIDERATION (if any), ORS 93.030
) FULL OR PARTIAL SATISFACTION ORDER or WARRANT FILED IN THE COUNTY CLERK'S LIEN ECORDS, ORS 205.121(1)(c)
6) RE-RECORDED to correct:
•	Previously recorded as:

43hi

General 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 general 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 INCAPACI-TATED. 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 general 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 you name is reliable, trustworthy and competent to manage your affairs.

I. Chris A Vilhower	, of 10254 Me	Equire QUE Pilumathe Forth
City of Hlamathe Falls , St	tate of <u>Ores on</u>	, as principal, do hereby
appoint: Trisker R Vilhaver	of 10254 m	egaire ceve,
City of /1/comuth Falls , Sta	ite of Dreson	, my attorney-in-fact
to act in my name, place and stead in any way wl		
the following matters to the extent that I am pern	nitted by law to act through an a	gent:
(a) real estate transactions;		
$\angle AU$ (b) goods and services transactions;		
(c) bond, share and commodity transaction	ons;	
(d) banking transactions;		
(e) business operating transactions;		
CAU (f) insurance transactions;		
(g) estate transactions;		
LfU_(h) claims and litigation;		
(i) personal relationships and affairs;		
(j) benefits from military service;		
(k) records, reports and statements;		
(l) retirement benefit transactions;		
(m) making gifts to my spouse, children	and more remote descendants, a	and parents;

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(n) tax matters;		. •
(o) all other matters;		
(p) full and unqualified authority to my attor	mey-in-fact to delegate any or all of the foregoing p	owers to any
person or persons whom my attorney-in-fact shall se	elect;	
(q) unlimited power and authority to act in a	ll of the above situations (a) through (p)	
If the attorney-in-fact named above is unable or unw	illing to serve, I appoint Trisk & Vilhow	et,
of 10254 Mequire ave	, City of Hlamusth Fulls,	, State of
Oregon, to be:	my attorney-in-fact for all purposes hereunder.	
To induce any third party to rely upon this power of a facsimile of this power of attorney may rely upon surney shall be ineffective as to such third party until achave been received by such third party. I, for myself agree to indemnify and hold harmless any such third party by reason of such third party having relied on t	ch copy, and that revocation or termination of this petual notice or knowledge of such revocation or termination and for my heirs, executors, legal representatives at party from any and all claims that may arise against	power of attor- nination shall nd assigns,
This power of attorney shall not be effective in the eveney may be revoked by me at any time and is automated be compensated for his or her services nor shall my a assigns for acting or refraining from acting under this	atically revoked upon my death. My attorney-in-fac attorney-in-fact be liable to me, my estate, heirs, suc	ct shall not
Dated: 4-16-09		
Signature and Declaration of Principal		
I, Chris A Villaver	, the principal, sign my name to this power of	f attorney this
I, Chris A Villianer day of Cipril, 2009 an	nd, being first duly sworn, do declare to the undersi	gned authority
that I sign and execute this instrument as my power of to sign for me, that I execute it as my free and volunt that I am eighteen years of age or older, of sound min	of attorney and that I sign it willingly, or willingly d tary act for the purposes expressed in the power of a	lirect another
el collis		
Signature of Principal		
Witness Attestation		
I, Jenine Stuedli, the	e witness, sign my name to the foregoing power of a	attorney being
first duly sworn and do declare to the undersigned au his/her power of attorney and that he/she signs it will in the presence and hearing of the principal, sign this to the best of my knowledge the principal is eighteen undue influence.	thority that the principal signs and executes this ins lingly, or willingly directs another to sign for him/he power of attorney as witness to the principal's sign	strument as er, and that I, ning and that
Dun Jack		

Signature of Witness

Notary Acknowledgment
State of Oregon County of Klamath
Subcribed, sworn to and acknowledged before me by Christopher Vilhauer, the Principal, an
subscribed and sworn to before me by, witness, this day o
April 2008.
Juana Rus
Motary Signature
Notary Public,
In and for the County of Klamath State of Over on
My commission expires: JULY 10, 2011 Seal
Acceptance of Appointment as Attorney-in-Fact OFFICIAL SEAL JUANA RUIZ NOTARY PUBLIC - OREGON COMMISSION NO. 419138 MY COMMISSION EXPIRES JULY 10, 2011
I accept my appointment as Attorney-in-Fact.
TRSDa PUMA Signature of Attorney-in-Fact Printed Name of Attorney-in-Fact