After Recording Returnto: First American Title 404 main Street Switel Klamath Falls OR 97601

2010-003473 Klamath County, Oregon



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Fee: \$52.00

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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.

1, Paylene Seaman , of_	2375/ Calle agoker,
City of Mission Vielo, State of	, as principal, do hereby
appoint: Jana Melson, of_	,
City of Bondn my, State of OR	, my attorney-in-fact
to act in my name, place and stead in any way which I myself co	ould do, if I were personally present, with respect to
the following matters to the extent that I am permitted by law to	act through an agent:
(a) real estate transactions;	
(b) goods and services transactions;	
(c) bond, share and commodity transactions;	,
(d) banking transactions;	
(c) business operating transactions;	
(f) insurance transactions;	
(g) estate transactions;	
(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 remo	te descendants, and parents;
	*NOVA General POA Pg.1 (01-09)

(n) tax matters;		
(o) all other matters;		
(p) full and unqualified authority to my attorney- person or persons whom my attorney-in-fact shall select;	in-fact to delegate any or all of th	ne foregoing powers to any
(q) unlimited power and authority to act in all of	the above situations (a) through ((p)
If the attorney-in-fact named above is unable or unwilling	g to serve, I appoint	
of	, City of	. State of
, to be my a		
To induce any third party to rely upon this power of attorn facsimile of this power of attorney may rely upon such coney shall be ineffective as to such third party until actual thave been received by such third party. I, for myself and that agree to indemnify and hold harmless any such third party party by reason of such third party having relied on the present the present the such that the party by reason of such third party having relied on the present the such that the party by reason of such third party having relied on the present the such that the party by reason of such third party having relied on the present that the such that the party by reason of such third party having relied on the present that the such that the party by reason of such third party having relied on the present that the such that the suc	opy, and that revocation or termin notice or knowledge of such revo for my heirs, executors, legal repr y from any and all claims that ma	ation of this power of attor- ocation or termination shall resentatives and assigns, by arise against such third
This power of attorney shall not be effective in the event oney may be revoked by me at any time and is automatical be compensated for his or her services nor shall my attornassigns for acting or refraining from acting under this doc	lly revoked upon my death. My a ney-in-fact be liable to me, my est	attorney-in-fact shall not tate, heirs, successors, or
Dated:		
Signature and Declaration of Principal		
this day of March 20/0	, the principal, sign my nam	e to this power of attorney
this day of March 2010	and, being first duly sworn, do	declare to the undersigned
authority that I sign and execute this instrument as my por	wer of attorney and that I sign it v	willingly, or willingly direct
another to sign for me, that I execute it as my free and vol		
ney and that I am eighteen years of age or older, of sound	mind and under no constraint or	undue influence.
Signature of Mincipal Secumen	<u> </u>	
Witness Attestation		
I,, the first	st witness, and I,	,
the second witness, sign my name to the foregoing power	of attorney being first duly sworr	n and do declare to the
undersigned authority that the principal signs and executes		
signs it willingly, or willingly directs another to sign for h		
pal, sign this power of attorney as witness to the principal		
is eighteen years of age or older, of sound mind and under	no constraint or undue influence	
Signature of First Witness	Signature of Second Witness	

California residents or persons intending that this document be valid in the State of California should use the following California Notary Acknowledgment form:

California Notai	y Acknowl	ledgment
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State of California		
County of Oninge S.S. On March Ind 2010		/
On March Ind 2010	, before me, Armen Hillar Tchertch	ian (Notary rublic)
(name and title of notary), personally appeared Rula	Sea man	, who
proved to me on the basis of satisfactory evidence to b	e the person(s) whose name(s) is/a re sub	scribed to the above
instrument and acknowledged to me that they/he/she e	xecuted the instrument in th eir/his /her at	uthorized capacity. I
certify under penalty of perjury under the laws of the S	State of California that the foregoing is tr	ue and correct. Witness
my hand and official seal. Notary Signature	ARMEN ARTHUR TO COMM17 NOTARY PUBLIC-CORANGE COMY Term Exp. Mar	CALIFORNIA H UNTY W

Notary Acknowledgment		
State of	County of	
Subcribed, sworn to and acknowledged bef	ore me by	, the Principa
and subscribed and sworn to before me by		, witness, this
day of	·	
Notary Signature		
Notary Public,		
In and for the County of	<u> </u>	
State of		
My commission expires:	int thinkings . Andre	Seal
Acknowledgment and Acceptance of App	oointment as Attorney-in-Fa	et
Ι,		the attached power of attorney and am the
•	I shall exercise the powers fo sets; I shall exercise reasonable	
Signature of Attorney-in-Fact	Date	
Acknowledgment and Acceptance of App		
I,	- ALASS	the attached power of attorney and am the
		eby acknowledge that I accept my appoint-
ment as Successor Attorney-in-Fact and the	n, in the absence of a specific e the powers for the benefit of	f the principal; I shall keep the assets of the
principal separate from my assets; I shall e rate record of all actions, receipts and disbrate	xercise reasonable caution and	d prudence; and I shall keep a full and accu-
Signature of Successor Attorney-in-Fact	 Date	