WC 8850U-LW

AFTER RECORDING

RETURN TO: OLIVE BERGIN

P.O. BOX 352 LUCILLE, ID 83542 2010-012074 Klamath County, Oregon



10/13/2010 11:18:24 AM

Fee: \$42.00

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 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 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.

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of Klamath Falls	, State of	Oregon	, as principal, do here
appoint: Andrea Bargin	<u>.</u>	ofBrx	· <i>35</i> 2
City of Lecile	, State of	Idaho-	, my attorney-in-fact
act in my name, place and stead in any way w	vhich I myself could do.	if I were personally pre	esent, with respect to the following matters to
extent that I am permitted by law to act through	gh an agent:		
(a) real estate transactions;			
(b) goods and services transactions;			
(c) bond, share and commodity transa	actions;		
(d) banking transactions;			
(e) 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, child	ren and more remote de	scendants, and parents;	
(n) tax matters;	*		
(o) all other matters;			
(p) full and unqualified authority to r my attorncy-in-fact shall select;	my attorney-in-fact to de	legate any or all of the	foregoing powers to any person or persons wh
(q) unlimited power and authority to	act in all of the above s	ituations (a) through (p))
If the attorney-in-fact named above is unable	or unwilling to serve, I	appoint	
	, City of		, State of
to be not atterney in fact for all purposes her			

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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 power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall no 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.

and 20 20 10	
Dated: Clug 30, 2010	
Signature and Declaration of Principal	
I, Olive Bergin	, the principal, sign my name to this power of attorney thisday
Augus / and, being first duly sworn, do de	eclare to the undersigned authority that I sign and execute this instrument as my power of
attorney and that I sign it willingly, or willingly dire	ect 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 eig	ghteen years of age or older, of sound mind and under no constraint or undue influence.
Signature of Principal	
Witness Attestation	
". Melinda Bebout	, the witness, sign my name to the foregoing power of attorney being first du
	hat the principal signs and executes this instrument as his/her power of attorney and that
	to sign for him/her, and that I, in the presence and hearing of the principal, sign this
	ng 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 influct	ncc.
Malumata Rubo Signature of Witness	Sul
Notary Acknowledgment	
State of Oregon Cour	nty of Klamath
Subcribed, sworn to and acknowledged before me by	y Olive May Berryin, the Principal, and subscribed and sworn to
before me by Melinda Berout	, witness, this 30 day of ANGUST 2010
Bolinda Kay Keni	
Notary Public, In and for the County of Klamath	State of Oregon State of Oregon Commission No. 437508
My commission expires: Narch 16, 24	MY COMMISSION NO. 437508 MY COMMISSION EXPIRES MARCH 16, 2013

My commission expires: March 16, 2013