

2013-011707

Klamath County, Oregon



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10/16/2013 11:27:40 AM

Fee: \$42.00

*Expanded
Will pick up*

SPECIAL POWER OF ATTORNEY**1. CHECK ONE (1) TYPE OF POWER OF ATTORNEY:**

- ☐ Special Power of Attorney (has a beginning and end date) - or-
- ☒ Durable Special Power of Attorney (ends upon Principal's death or revocation)

2. IDENTIFY the Principal and Attorney-in-Fact:

Robert D. Hunsucker	305 West Marshall st	Marshall, MN 56258	3/15/1930
Principal: Name	Address of Residence	City, State, Zip Code	Date of Birth
Cynthia L. Weis	1071 Winding Waters Circle, Winter	Springs, FL 32708	05/28/1961
Agent /Attorney-in-Fact: Name	Address of Residence	City, State, Zip Code	Date of Birth

3. COMPLETE THIS SECTION

Principal, an individual, hereby appoints the above-named Agent/Attorney-in-Fact to act in name and place of Principal to perform the following specific matters:

- Scope and extent of powers granted: to exercise the following specific powers:

To dispose of the home, its contents, land and all personal property located at 7917 Gearhart st, Klamath Falls, Oregon. To sign any documents necessary to conclude a sale, deed in lieu, short sale or foreclosure of above property and/or its contents.

To do and perform all acts required, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might or could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

4. CHECK ONE type of Special Power of Attorney. Then fill in the Sections that apply to you.

- ☐ **Regular Special Power of Attorney**

- **EFFECTIVE DATE:** the time from which this document is operational: _____
This Special Power of Attorney begins on the above effective date and continues until the expiration date of _____ 20 _____, unless the Principal revokes in writing this Power of Attorney.
- **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document.

☒ **Durable Special Power of Attorney**

- **EFFECTIVE DATE:** the time from which this document is operational: Oct 10, 2013.
- **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.*

5. **COMPENSATION** of Attorney-in-Fact: None.

6. **SIGNATURES:**

For Principal:

I, Robert D. Hunsucker, the principal, sign my name to this power of attorney this 10th day of October 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 as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Robert D. Hunsucker
Principal Signature

For Witness:

I, Jeanne Vanderwaal, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal's signing, and 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.

Jeanne Vanderwaal
Witness Signature

7. **NOTARIZATION:**

For Notary:

The State of MN
County of Lyon

Subscribed, sworn to and acknowledged before me by Robert D. Hunsucker, the principal, and subscribed and sworn to before me by

Jeanne Vanderwaal, witness, this 10 day of October 2015.

(Seal)

(Signed) Sandra M. Knutson

(Notary Public)

