

**2014-007696**

Klamath County, Oregon

07/23/2014 11:13:10 AM

Fee: \$52.00

Return To:
U.S. BANK HOME MORTGAGE
809 S. 60th Street, Suite 210
West Allis, WI 53214
Attn: Laura Weber

July 21, 2014

Date

Klamath County

Place of Recording

Tax Parcel No. R483792/R895555

Legal Description is at page 3

PARCEL 1 OF LAND PARTITION 6-03, SITUATED IN SECTION 24, TOWNSHIP 38 SOUTH,
RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, AND IN THE S1/2 OF SECTION 30 AND
THE N1/2 OF SECTION 31, TOWNSHIP 38 SOUTH, RANGE 11 1/2 EAST OF THE
WILLAMETTE MERIDIAN,

Lot Block Plat or Section

Township Range Quarter/Quarter Section

Manufactured Home Limited Power of Attorney

U.S. BANK LOAN NUMBER: 2200462007

KNOW ALL PERSONS BY THESE PRESENTS, that

I(We), **Clarence C. Cox and Judy C. Cox**

the undersigned, of the County of Klamath, State / Commonwealth of OR, being the Buyer,
Seller, or Owner, as applicable, of the following described "Vehicle":

USED	1994	Golden West Homes	VW60001F
New/Used	Year	Manufacturer's Name	Model Name or Model No.
GWG-CA-VW1046			
Vehicle Identification Number(s)			
RAD 767431 / RAD 767430			
HUD Numbers			

\$ 15000


I(We) do hereby make, constitute, and appoint U.S. Bank National Association, and any of its agents or designees (each an "**Attorney-In-Fact**") as my(our) true and lawful attorney-in-fact for the limited purpose of preparing, completing, and executing any and all documents, and taking any and all actions necessary or beneficial in connection with the registration, transfer of ownership, re-titling, and the placement and release of a lien of and for the Vehicle.

Specifically, my(our) Attorney-In-Fact is authorized to, without limitation and as applicable to the situation: (i) prepare and execute required affidavits with respect to the representations made herein; (ii) complete and execute any Certificate of Ownership issued by the Department of Transportation, Motor Vehicle Division, or equivalent state or local agency in and for the State/Commonwealth of OR (each a "**State Agency**"); (iii) apply for a Certificate of Title issued by the State Agency; (iv) transfer ownership of the Vehicle by completing and executing the necessary provisions of the Certificate of Title, including without limitation, signing the mileage disclosure on the Certificate of Title for the Vehicle, only if the disclosure is made as required by federal and/or state law; and (v) completing and executing any documentation necessary for Attorney-In-Fact to place its lien on the Certificate of Title and to release other existing liens encumbering the Certificate of Title. I(We) further grant and give Attorney-In-Fact the full authority and power to do and perform any and all acts necessary or incident to the execution of the powers expressly granted in this instrument.

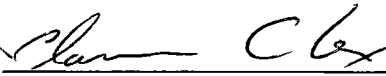
The recipient of an original or copy (photocopy, facsimile, or otherwise) of this instrument may rely on the provisions contained herein without further inquiry into its authenticity or validity, or confirmation of same from me(us), and will not be held liable by me(us) for their reliance on the same.


Seller Signature

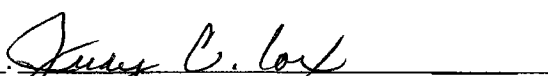
Timothy L. Roberts
Printed Name


Seller Signature

Marilyn Roberts
Printed Name


Buyer Signature

Clarence C. Cox
Printed Name


Buyer Signature

Judy C. Cox
Printed Name

STATE OF OR

COUNTY OF Klamath

On the 22nd day of July in the year 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared

Clarence C. Cox & Judy C. Cox

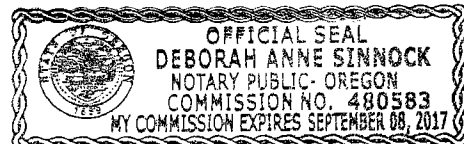
Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Debbie Sinnock
Notary Signature

Official Seal:

Debbie Sinnock
Notary Printed Name

Notary Public; State of OR
Qualified in the County of Klamath
My Commission Expires: 9-8-17



"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."