



2015-010667  
Klamath County, Oregon  
09/28/2015 03:35:40 PM  
Fee: \$77.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:

Micaila Blankenship  
4103 Meadows Drive  
Klamath Falls, OR 97603

Until a change is requested all tax statements  
shall be sent to the following address:

Micaila Blankenship  
4103 Meadows Drive  
Klamath Falls, OR 97603  
File No. 56804AM

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### STATUTORY WARRANTY DEED

**Dale Kirkpatrick and Doris Kirkpatrick, as Tenants by the Entirety,**

Grantor(s), hereby convey and warrant to

**Micaila Blankenship ,**

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except as specifically set forth herein:

**Lot 1 in Block 11 of Tract Number 1026, THE MEADOWS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

The true and actual consideration for this conveyance is **\$108,500.00**.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

**2015-2016 Real Property Taxes, a lien not yet due and payable.**

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 23 day of Sept., 2015

Dale Kirkpatrick  
Dale Kirkpatrick

♦  
Doris Kirkpatrick

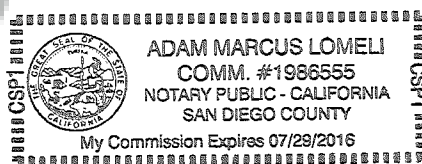
By Allen Eugene Kirkpatrick  
Allen Eugene Kirkpatrick, her attorney in fact

State of California } ss  
County of San Diego }

On this 23<sup>rd</sup> day of September, 2015, before me, Adam Lomeli a Notary Public in and for said state, personally appeared Dale Kirkpatrick and Allen Eugene Kirkpatrick as attorney in fact for Doris Kirkpatrick, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Adam Lomeli  
Notary Public for the State of California  
Residing at: San Diego  
Commission Expires: 7-29-16



BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 23 day of Sept. 2015

Dale Kirkpatrick  
Dale Kirkpatrick

Doris Kirkpatrick  
Doris Kirkpatrick

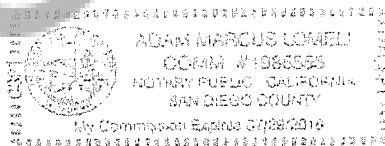
By Allen Eugene Kirkpatrick  
Allen Eugene Kirkpatrick, her attorney in fact

State of California } ss  
County of San Diego }

On this 23<sup>rd</sup> day of September, 2015, before me, Adam Lomeli, a Notary Public in and for said state, personally appeared Dale Kirkpatrick and Allen Eugene Kirkpatrick as attorney in fact for Doris Kirkpatrick, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Adam Lomeli  
Notary Public for the State of California  
Residing at: San Diego  
Commission Expires: 7-25-16



**-OFFICIAL-  
DURABLE POWER OF ATTORNEY FORM**

**I. NOTICE** - This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer unlimited financial powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), unlimited financial powers are described as: **all financial decision making power legal under law**. The Principal's transfer of financial powers to the Attorney-in-Fact are granted upon authorization of this agreement, and stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their financial decision making power and may revoke this Durable Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the financial decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make financial decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this Durable Power of Attorney Form, it will revoke any previously valid Durable Power of Attorney Form.

**II. INCAPACITATION** - The powers granted to the Attorney-in-Fact by the Principal in this Durable Power of Attorney Form stay in effect upon incapacitation by the Principal, incapacitation is describes as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

**III. REVOCATION** - The Principal has the right to revoke this Durable Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Authorizes a new Durable Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

**IV. WITNESS & NOTARY** - This document is not valid as a Durable Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal's signature. **It is recommended to have this Durable Power of Attorney Form notarized.**

**V. PRINCIPAL** - I, Doris Jean Kirkpatrick, residing at  
*Name of Principal*

4103 meadows Drive

*Street Address of Principal*

City of Klamath Falls, State of Oregon, appoint  
*City of Principal* *State of Principal*

the following as my Attorney-in-Fact, whom I trust with any and all my financial decision making power immediately upon the authorization of this form, and in the event that I should become incapacitated:

**VI. ATTORNEY-IN-FACT** - Allen Eugene Kirkpatrick, residing at  
*Name of Attorney-in-Fact*

2935 Clarissa Court

*Street Address of Attorney-in-Fact*

City of Lemon Grove, State of California grant  
*City of Attorney-in-Fact* *State of Attorney-in-Fact*

the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

Oregon

*State*

**VII. SUCCESSOR ATTORNEY-IN-FACT (Optional)** - If the Attorney-in-Fact named

above cannot or is unwilling to serve, then I appoint \_\_\_\_\_,  
*Name of Successor Attorney-in-Fact*  
residing at

\_\_\_\_\_  
*Street Address of Successor Attorney-in-Fact*

City of \_\_\_\_\_, State of \_\_\_\_\_ grant  
*City of Successor Attorney-in-Fact* *State of Successor Attorney-in-Fact*

the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

\_\_\_\_\_  
*State*

**VIII. TERMS & CONDITIONS** - Upon authorization by all parties, the Attorney-in-Fact accepts their designation to act in the Principal's best interests for all financial decisions legal under law.

**IX. THIRD PARTIES** - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

**X. COMPENSATION** - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal.

**XI. DISCLOSURE** - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

**XII. PRINCIPAL'S SIGNATURE** - I, Doris Jean Kirkpatrick, the Principal,  
*Printed Name of Principal*

sign my name to this power of attorney this 19th day of  
*Day*

April 2013 and, being first duly sworn, do declare to the  
*Month*  
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 I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Doris Kirkpatrick  
*Signature of Principal*

**XIII. ATTORNEY-IN-FACT'S SIGNATURE** - I, Allen Eugene Kirkpatrick  
*Name of Attorney-in-Fact*

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Allen Kirkpatrick  
*Signature of Attorney-in-Fact*

19 Apr '13  
*Date*

**XIV. SUCCESSOR ATTORNEY-IN-FACT'S SIGNATURE (Optional) -**

I, \_\_\_\_\_ have read the attached power of  
*Name of successor Attorney-in-Fact*  
attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

\_\_\_\_\_  
*Signature of Successor Attorney-in-Fact*

\_\_\_\_\_  
*Date*

This Durable Power of Attorney is to be in effect immediately upon signature and notarization. Executed in the presence of the undersigned witnesses:

Witness 1.

Name: BECKIE HARLES

Address: 4356 Wawley Lane, Klamath Falls, Or 97603

Signature: Beckie Harles

Witness 2.

Name: ELIZABETH J. BARKER

Address: 2843 E. Fremont Ave, Fresno, CA 93700

Signature: Elizabeth J. Barker

Acknowledgement

This document was acknowledged before me on this 19<sup>th</sup> day of April 2013 by Doris Jean Kirkpatrick (Principal's Full legal name)

Signature of Notary Public Patricia Janet Thede

Full legal Name Patricia Janet Thede

My commission expires 7-7-14

State of Oregon

County of Klamath

