

RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:

2016-000175**Klamath County, Oregon****01/07/2016 03:42:09 PM****Fee: \$57.00**

Any error in this cover sheet DOES NOT affect the transaction(s) contained in the instrument itself.

Reference: 65850AM/SH

Please print or type information.

1. AFTER RECORDING RETURN TO –

Required by ORS 205.180(4) & 205.238:

Name: Duane SickertAddress: 1670 Springville Rd. NWCity, ST Zip: Mount Vernon IA 52314**2. TITLE(S) OF THE TRANSACTION(S) –** Required by ORS 205.234(1)(a)

Note: "Transaction" means any action required or permitted by law to be recorded, including, but not limited to, any transfer, encumbrance or release affecting title to or an interest in real property. Enter descriptive title for the instrument:

Document Title(s): Oregon Power of Attorney**3. DIRECT PARTY / GRANTOR Names and Addresses –** Required by ORS 205.234(1)(b)

for Conveyances list Seller; for Mortgages/Liens list Borrower/Debtor

Grantor Name: Keith George Sickert**Grantor Name:** _____**4. INDIRECT PARTY / GRANTEE Names and Addresses –** Required by ORS 205.234(1)(b)

for Conveyances list Buyer; for Mortgages/Liens list Beneficiary/Lender/Creditor

Grantee Name: Duane Allan Sickert**Grantee Name:** _____**5. For an instrument conveying or contracting to convey fee title,**
the information required by ORS 93.260:**UNTIL A CHANGE IS REQUESTED, ALL
TAX STATEMENTS SHALL BE SENT TO
THE FOLLOWING ADDRESS:**Name: No change

Address: _____

City, ST Zip: _____

6. TRUE AND ACTUAL CONSIDERATION –
Required by ORS 93.030 for an instrument conveying
or contracting to convey fee title or any memorandum
of such instrument:**\$** 0**7. TAX ACCOUNT NUMBER OF THE PROPERTY if the instrument creates a lien or other interest that
could be subject to tax foreclosure. –** Required by ORS 312.125(4)(b)(B)Tax Acct. No.: N/A

Oregon Power of Attorney

Date: 12 / 07 / 2014

Keith George Sickert

A resident of Klamath Falls, Oregon

Located at 5032 S. Etna

Klamath Falls, Oregon 97601

Do Hereby Appoint, Duane Allan Sickert

A resident of Mt. Vernon, Iowa

Located at 1670 Springville Rd. NW

Mt. Vernon, Iowa 52314

As my attorney-in-fact.

My attorney-in-fact may act on my behalf for the following purpose(s):

[X] Real Estate Transactions

☒ Stock and Bond Transactions

☒ Commodity and Option Transactions

☒ Tangible Personal Property Transactions

☒ Banking and Other Financial Institution Transactions

☒ Business Operating Transactions

☒ Insurance and Annuity Transactions

☒ Estate, Trust and Other Beneficiary Transactions

☒ Claims and Litigation

☒ Personal and Family Maintenance

☒ Benefits from Social Security, Medicare, Medicaid or Other Government Programs

☒ Retirement Plan Transactions

☐ Tax Matters, including any transactions with the Internal Revenue Service

☐ Decisions Regarding Lifesaving and Life Prolonging Medical Treatment.

☐ Decisions Relating to Medical Treatment, Surgical Treatment, Nursing Care, Medication, Hospitalization, Institutionalization in a nursing home or other facility and home health care.

☐ Transfer of Property or Income as a Gift to the Principal's Spouse for the purpose of qualifying the principal for governmental medical assistance.

☐ All OF THE ABOVE POWERS, INCLUDING FINANCIAL AND HEALTH CARE DECISIONS.

This power of attorney shall take effect immediately upon signature and will continue indefinitely or until revoked by me or by my death.

I do hereby grant my attorney in fact complete authority to act in any reasonable manner that is necessary to execute the above mentioned powers that are granted.

I agree that any third party who is given a copy of this power of attorney may act relying on it. I also agree that revocation of this power of attorney is effective as to a third party only upon receipt of actual notice by the third party. I agree to indemnify the third party for any loss that may be suffered while carrying out this power of attorney.

Signature & Acknowledgment

This contract shall be governed by the laws of the State of Oregon in Klamath County and any applicable Federal Law.



Signature

Date 10/27/14

By accepting this appointment and acting under it, I the attorney-in-fact ("Agent") do hereby assume the legal responsibilities of an agent.



Signature of Attorney-in-Fact

Date 12-15-2014

WITNESS #1) Delorah Torrie

WITNESS #2) Angie Thomas

Subscribed and Acknowledged This 15th day of December
2014 by Keith G. Sickert.

George Doumar

