RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:



Any error in this cover sheet DOES NOT affect the transaction(s) contained in the instrument itself. 323077AM Reference: Please print or type information. AFTER RECORDING RETURN TO -Required by ORS 205.180(4) & 205.238: Name: Marlene C. Davies Address: 4434 Prada Pl City, ST Zip: Las Vegas, NV 89141 TITLE(S) OF THE TRANSACTION(S) - Required by ORS 205.234(1)(a) 2. 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: General Power of Attorney Document Title(s): DIRECT PARTY / GRANTOR Names and Addresses - Required by ORS 205.234(1)(b) 3. for Conveyances list Seller; for Mortgages/Liens list Borrower/Debtor **Grantor Name:** Richard R. Davies, 4434 Prada Pl., Las Vegas, NV 89141 **Grantor Name:** INDIRECT PARTY / GRANTEE Names and Addresses - Required by ORS 205.234(1)(b) 4. for Conveyances list Buyer; for Mortgages/Liens list Beneficiary/Lender/Creditor Grantee Name: Marlene C. Davies, 4434 Prada Pl., Las Vegas, NV 89141 Grantee Name: 6. TRUE AND ACTUAL CONSIDERATION -For an instrument conveying or contracting to convey fee title, the information required by ORS 93.260: Required by ORS 93.030 for an instrument conveying UNTIL A CHANGE IS REQUESTED, ALL or contracting to convey fee title or any memorandum TAX STATEMENTS SHALL BE SENT TO of such instrument: THE FOLLOWING ADDRESS: \$ 0.00 No Change Name: Address: City, ST Zip: 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

2019-012973

11/05/2019 03:25:02 PM

Fee: \$92.00

Klamath County, Oregon

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 INCAPACI-TATED. 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. This form must be signed by the Principal (the person appointing the attorney-in-fact), witnessed by two persons other than the notary public, and acknowledged by a notary public.

1, Richard R. Davies , of 6710 Jake Rd. Hameith Fully, OF
attorney to, do hereby appoint: Marlene C. Davizs, of 67/0 Jak-Rd.
Klamath 7a16,0R,97601
my attorney-in-fact to act in my name, place and stead in any way which I myself could do, if I were personally pres-
ent, with respect to the following matters to the extent that I am permitted by law to act through an agent. The powers
chosen below shall have the full force and effect given to them by their full enumeration as laid out in the text of the
Power of Attorney Act of the laws of the State of <u>OREGON</u> :
(a) real estate transactions;
骨角 D (b) goods and services transactions;
RD (c) bond, share and commodity transactions;
(d) banking transactions;
RRD(e) business operating transactions;
(f) insurance transactions;
(R)(g) estate transactions;
Rina and litigation;
(i) personal relationships and affairs;
$\Re \Re \mathcal{D}(j)$ benefits from military service;

(k) records, reports and statements;
RRO (1) retirement benefit transactions;
RDD (m) making gifts to my spouse, children and more remote descendants, and parents;
RD (n) tax matters;
(o) all other matters;
(p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to
any person or persons whom my attorney-in-fact shall select;
(q) unlimited power and authority to act in all of the above situations (a) through (p)
If the attorney-in-fact named above is unable or unwilling to serve, I appoint,
,
to be my attorney-in-fact for all purposes hereunder.
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 not 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.
Dated: 12/1/2015
Signature and Declaration of Principal
I, RICHARD R DINIES, the principal, sign my name to this power of attorney this day of dec 2015 and, being first duly sworn, do declare to the undersigned
this day of
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.
Fuhar Klewi
Signature of Principal OFFICIAL SEAL CHRISTOPHER LEE RENEAU NOTARY PUBLIC OREGON COMMISSION NO. 476624 WY COMMISSION EXPIRES MARCH 17, 2017
I, he second witness, sign my name to the foregoing power of attorney being first duly sworp and do declare to the
the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the
undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she
signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the princi-

pal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal