

POWER OF ATTORNEY

2021-011524

Klamath County, Oregon 07/27/2021 02:25:01 PM

Fee: \$87.00

Jose Duarte Almanza and Elisa Rodriguez Molina		
P.O. Box 365		
Merrill, OR 97633 to		
Jose Duarte Almanza and Elisa Rodriguez Molina		
P.O. Box 365	·	
Merrill, OR 97633	•	
AFTER RECORDING RETURN TO:		
AmeriTitle, LLC		
300 Klamath Ave.		
Klamath Falls, OR 97601	·	
4	RCHASE and/or MORTGAGE REAL ESTATE That I, Jose Duarte Almanza, have made, constituted and appointed,	
and by these presents do make, constitute and appo	oint Elisa Rodriguez Molina my true and lawful attorney in fact ("my ad and for my use and benefit, to: Execute any and all documents	
necessary to purchase, mortgage, and hypotheca	ate, including but not limited to deeds, contracts, earnest money ader-originated documents, and to receive and to disburse any and all	
230 N Elm St., Merrill, OR 97633 and more partic	cularly described as follows:	
Lot 12, SUNSHINE TRACTS, according to the of Klamath County, Oregon.	ficial plat thereof on file in the office of the County Clerk of	
requisite and necessary to be done, as fully, to al	and authority to do and perform all and every act and thing whatsoever il intents and purposes as I might or could do if personally present, ney or my attorney shall lawfully do or cause to be done by virtue	
In construing this instrument and where the con	text so requires, the singular includes the plural.	
Dated 7/17/, 2021.		
Jose Duarte Almanza		
·		
STATE OF		
COUNTY OF		
On this day of	, 20, personally appeared the above named <u>Jose</u>	
Duarte Almanza and acknowledged the foregoing instrument to be his/her voluntary act.		
Before me:		
Dee Attached	Notary Public for	
	My commission expires	

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
State of California		
County of Plumas		
On	L. Ross Notary Public	
personally appeared	iante Almanza	
(h)s/her/their authorized capacity(ies), and that by his or the entity upon behalf of which the person(s) ac	evidence to be the person(s) whose name(s) is/are ledged to me that be/she/they executed the same in sher/their signature(s) on the instrument the person(s), sted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Signature of Notary Public	
Place Notary Seal Above		
Though this section is optional, completing this	rional information can deter alteration of the document or form to an unintended document.	
Description of Attached Description	Afterna / Dogument Date: 7-17-3/	
Capacity(ies) Claimed by Signer(s)		
Signer's Name: Corporate Officer — Title(s):	Signer's Name:	
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General	
☐ Trustee ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact	
☐ Other:	☐ Trustee ☐ Guardian or Conservator ☐ Other:	
Signer Is Representing:	Signer Is Representing:	
7.0 7.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1		
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