

RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:

**2022-001952****Klamath County, Oregon****02/15/2022 11:03:01 AM****Fee: \$92.00**

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

Reference: 481790AM

Please print or type information.

1. AFTER RECORDING RETURN TO –

Required by ORS 205.180(4) & 205.238:

Name: Amerititle
300 Klamath Ave.
Klamath Falls, OR 97601

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): Special 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: Jeffrey A. Thorn**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: Ruth M. Thorn**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

SPECIAL POWER OF ATTORNEY

This is a Military Power of Attorney prepared pursuant to section 1044b of Title 10, United States Code, and executed by a person authorized to receive legal assistance from the Military Service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a State, the District of Columbia, or a commonwealth, territory, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS, which are intended to constitute a Special Durable Power of Attorney, that I, JEFFREY A. THORN, a legal resident of South Carolina and presently residing at 6415 Willmott Court Klamath Falls, OR 97603, hereby make, constitute and appoint Ruth M. Thorn, residing at 6415 Willmott Court Klamath Falls, OR 97603, as my Attorney-in-Fact, to act in my name, place and stead in any way which I could do if I were personally present, with the respect to the following:

Sell and convey in fee, for me and in my name, my real property, located at 6415 Willmott Court Klamath Falls, OR 97603, in the County of Klamath County, State of Oregon, and legally described as: Family Style , for such price or prices and on such terms as my said Attorney-In-Fact shall decide, (but for not less than \$325000 (Three Hundred Twenty-Five Thousand Dollars and Zero Cents)). My Attorney-in-Fact is hereby empowered to sign my name and execute on my behalf all deeds, instruments and other documents necessary or proper to complete the transaction.

TERMINATION: This Special Durable Power of Attorney shall terminate on 28th day of February, 2022, unless I revoke it sooner in writing.

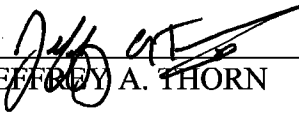
This Special Durable Power of Attorney shall not be revoked or terminated by my disability, nor shall the agency created by this Special Durable Power of Attorney be revoked or terminated by my death or disability as to my Attorney-in-Fact or such other person, who without actual knowledge or actual notice of my death has acted or acts in good faith, under, or in reliance upon, this Special Durable Power of Attorney, and any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me, my heirs, devisees, and personal representatives.

If prior to the termination date, a written statement by a licensed physician, signed and acknowledged before a Notary Public prior to the termination date, is attached to this document stating that I am mentally or physically incapacitated, this Special Durable Power of Attorney shall remain in full force and effect until I am no longer deemed incapacitated.

If on the above termination date I am carried in a military status of "missing", "missing-in-action", or "prisoner of war", this Special Durable Power of Attorney shall remain valid and in full force and effect until sixty (60) days after I have been returned to United States Military control and termination of such status.

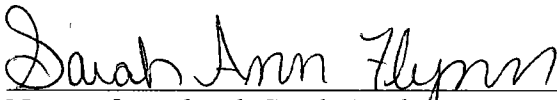
To induce a third party to act under this Special Durable Power of Attorney, I agree that any third party may rely upon this document, and that revocation or termination shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination has been received by such third party. I also agree for myself, my heirs, executors, legal representatives and assigns, to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this Special Durable Power of Attorney.

IN WITNESS THEREOF, I have executed this Special Durable Power of Attorney on 4th day of August, 2021.


JEFFREY A. THORN

WITH THE ARMED FORCES AT AN UNDISCLOSED LOCATION, SOUTHWEST ASIA

On 4th day of August, 2021, I, SSgt Sarah A. Flynn, a Military Paralegal and Notary Public under the provisions of Title 10, United States Code, Section 1044a, certify that the person who signed this instrument is entitled to legal assistance within the meaning of Title 10, United States Code, Section 1044, and did personally appear before me and sign this instrument and acknowledge doing so freely and voluntarily.



Name of Paralegal: Sarah A. Flynn

Grade and Branch of Service: SSgt, USAF

Command or Organization: Undisclosed Location (332 AEW/JA)

