

2022-002388

Klamath County, Oregon



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02/24/2022 03:20:23 PM

Fee: \$97.00

OREGON REAL ESTATE POWER OF ATTORNEY

Returned at Counter

I, **David Allen Hill**, of 3619 Evergreen Point Rd in the City of Medina, State of Washington (the "Principal") hereby appoint **Joseph Calvin Dupris**, of 27925 Hwy 97 N in the City of Chiloquin, State of Oregon (the "Agent") to act on my behalf for the purpose set forth in Article I below:

Article I. Assignment of Authority

Initial and Check (✓) the applicable powers

☒ - **Sale of Real Estate:** My agent is authorized to act on my behalf for the purpose of selling the lands and premises located at

5530 Villa DR in the City/Township of Klamath Falls, located in the County of Klamath and State of Oregon and Zip code of 97603 and with a legal description of Lot 3, Block 4 of Cypress Villa (tax parcel # 5589891), and

42157 German Brown Ln in the City/Township of Chiloquin, located in the County of Klamath and State of Oregon and ZIP code of 97624, and with a legal description of Lot 7, Block 4, Rainbow Park on the Williamson, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon. An undivided 1/68th interest in and to Lots 4 & 5, Block 1 of Rainbow Park on the Williamson (tax parcel # 193409)..

My agent is authorized to perform any and all acts related to such sale, including, but not limited to, executing, modifying and delivering any and all documents necessary to complete the transaction as well as accepting the closing proceeds for deposit into my account which has been previously disclosed to my agent.

☐ - **Purchase of Real Estate:** My agent is authorized to act on my behalf for the purpose of purchasing the lands and premises located at

_____ and with a legal description of _____
My agent is authorized to perform any and all acts related to such purchase, including, but not limited to the financing and mortgaging of the property. My agent is authorized to execute, modify and deliver any documents necessary to complete the financing and purchase of the property as well as to withdraw and disburse funds necessary for the closing from my account which I have previously disclosed to my agent.

☒ - **Management of Real Estate:** My agent is authorized to act on my behalf for the purpose of managing the premises located at the following addresses and legal descriptions:

TAX PARCEL ID #: 193409

42157 German Brown Ln in the City/Township of Chiloquin, located in the County of Klamath and State of Oregon and ZIP code of 97624, to-wit:

Lot 7, Block 4, Rainbow Park on the Williamson, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon. An undivided 1/68th interest in and to Lots 4 & 5, Block 1 of Rainbow Park on the Williamson;

TAX PARCEL ID #: 899441

28339 Hwy 97 N in the City/Township of Chiloquin, located in the County of Klamath and State of Oregon and Zip code of 97624. To wit:

LP, 9-16 Parcel 2; and

TAX PARCEL ID #: 5589891

5530 Villa DR in the City/Township of Klamath Falls, located in the County of Klamath and State of Oregon and Zip code of 97603. To wit:

Lot 3, Block 4 of Cypress Villa.

My agent is authorized to perform all acts related to maintaining the property such as but not limited to: making repairs (with reimbursement), approving sub-contractors for work, negotiating rents, signing lease/sublease agreements, evicting tenants and any other representation as needed for day-to-day management.

☐ - **Refinancing:** My agent is authorized to act on my behalf for the purpose of refinancing my debts, including, but not limited to any debts secured by a mortgage on the lands and premises located at _____ and with a legal description of _____. My agent is authorized to perform any and all acts related to such refinancing, including but not limited to, modifying, executing and delivering any and all documents necessary to complete the refinancing as well as to withdraw and disburse funds necessary to complete the refinancing from my account which I have previously disclosed to my agent.

Article II. Durable Power of Attorney

This power of attorney shall not be affected by the Principal's subsequent disability or incapacity unless otherwise stated in Article III(b).

Article III. Term

(Initial and Check the Applicable Term):

- a. DA ☒ - This power of attorney is effective as of the date hereof and shall terminate upon revocation or automatically on the 17th day of February 2027.
- b. DA ☒ - (**Non-Durable Option**) This power of attorney is effective as of the date hereof and shall terminate upon my incapacity, or death, or revocation.
- c. _____ ☐ - This power of attorney is effective as of the date hereof and shall terminate upon my death or revocation.

Article IV. Ratification

I, the Principal, grant to my Agent full power and authority to perform all acts on my behalf as I could do if personally present, hereby ratifying and confirming all that my Agent may do pursuant to this power.

Article V. Governing Law

This Note shall be governed by, and construed in accordance with, the laws of the State of Oregon.

Article VI. Revocation

I, the Principal, hereby revoke any existing powers of attorney that may have previously been granted by me relative to the above described property.

In witness whereof, I have executed this instrument this 17th day of February 2022.

Principal's Signature David Allen Hill Print Name **David Allen Hill**

Agent's Signature Joseph Calvin Dupris Print Name **Joseph Calvin Dupris**

NOTARY ACKNOWLEDGMENT

STATE OF Washington
King County, ss.

On this 17th day of February, 2022, before me appeared

David Hill, as the Principal who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that ~~(s)~~he executed the same as his/~~her~~ free act and deed.

Gail Gibson
Notary Public

Print Name: Gail Gibson My commission expires: 2/28/2025

