

RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:

AmeriTitle

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

Reference: 539543AM (DS)

2022-005777

Klamath County, Oregon

05/06/2022 08:33:01 AM

Fee: \$92.00

Please print or type information.

1. AFTER RECORDING RETURN TO –

Required by ORS 205.180(4) & 205.238:

Name: Karen L. GalleyAddress: 34409 Pleasant View Rd.City, ST Zip: Chiloquin, OR 97624**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): General 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: Warren M. Richardson

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: Karen L. Galley

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: _____

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:

\$ _____

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.: _____

OREGON

GENERAL POWER OF ATTORNEY

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL NOT EXIST AFTER YOU SHOULD BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUHORIZ ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOUR. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNET IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Warren M. Richardson
of Seattle, WA 98124

the undersigned Grantor, do hereby make and grant a general power of attorney to
Karen L. Galley

and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a bow below with respect to each of the subdivisions (A) through (N) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NOAUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[WMR]	(A) Real estate transactions
[]	(B) Tangible personal property transactions
[]	(C) Bond, share and commodity transactions
[WMR]	(D) Banking transactions
[]	(E) Business operating transactions
[]	(F) Insurance transactions
[]	(G) Gifts to charities and individuals other than Attorney-in-Fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
[]	(H) Claims and litigation
[]	(I) Personal relationships and affairs
[]	(J) Benefits from military service
[]	(K) Records, reports and statements
[]	(L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any persons whom my attorney-in-fact shall select
[]	(M) All other matters

Other Terms:

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HERBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILIE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OF KNOWLEDGE OF REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVE AND ASSIGNS, HEREBY AGREE 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 ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under this 1st day of April, 20 22

Signed in the presence of:

Witness

Grantor

Witness

Attorney-in-Fact

State of Oregon

County of Klamath

On 4/1/2022 before me, Danielle K. Brewer

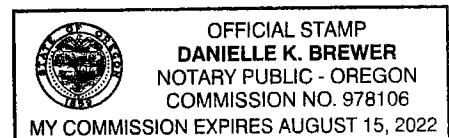
Appeared Warren M. Richardson Jr. and Karen L. Galley

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Danielle K. Brewer



(Seal)

Affiant Known Produced ID X
Type of ID Drivers License