



**First American**

*First American Title Insurance Company*  
1225 Crater Lake Avenue, Suite 101  
Medford, OR 97504  
Phn - (541)779-7250  
Fax - (866)400-2250

**2022-010031**

**Klamath County, Oregon**

**08/17/2022 02:20:01 PM**

**Fee: \$97.00**

**RECORDING COVER SHEET PER ORS 205.234**

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON  
PRESENTING THE ATTACHED INSTRUMENT FOR RECORDING.  
ANY ERRORS IN THIS COVER SHEET DOES NOT AFFECT THE  
TRANSACTION(S) CONTAINED IN THE INSTRUMENT ITSELF.

**FIRST AMERICAN TITLE FILE: 7161-3971217 - SL**

**RECORDING REQUESTED BY AND RETURN TO:**

**First American Title  
1225 Crater Lake Ave  
Medford, OR 97504**

**1. Title of Document: (ORS 205.234a)**

**SPECIAL POWER OF ATTORNEY**

**2. Grantor(s): (ORS 205.160)**

**ALBERTO JR. VALENZUELA**

**3. Grantee(s): (ORS 205.1251a and 205.160)**

**ISABEL VALENZUELA**

**4. TRUE AND ACTUAL TRANSACTION AMOUNT: (ORS 93.030) (If applicable):**

**\$N/A**

**5. SEND TAX STATEMENTS TO:**

**N/A**

**6. If this instrument is being Re-Recorded, complete the following statement: (ORS 205.244)**

**Re-recorded to: , on instrument previously recorded as Document No.**

## SPECIAL POWER OF ATTORNEY

THIS IS A MILITARY POWER OF ATTORNEY PREPARED AND EXECUTED PURSUANT TO TITLE 10, UNITED STATES CODE SECTION 1044B. BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS A MILITARY POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAW OF ANY STATE, COMMONWEALTH, TERRITORY, DISTRICT OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT A MILITARY 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, Alberto Jr. Valenzuela, a legal resident of California and presently residing or stationed at 2043 Lacey St, Klamath Falls, OR 97601, do hereby make, constitute and appoint Isabel Valenzuela, residing at 2043 Lacey St, Klamath Falls, OR 97601, 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, for the following purposes, which I have initialed, GRANTING unto my said Attorney full power to:

Members Notary  
Initials Initials

- \_\_\_\_ (1) to make pay inquiries for me at the Accounting and Finance office;
- \_\_\_\_ (2) to make inquiries at AAFES agencies concerning my accounts;
- \_\_\_\_ (3) to receive, endorse, cash or deposit any checks payable to the undersigned drawn on the Treasurer or other fiscal officer or depositor of the United States; or any sovereign state or authority, or instrumentality thereof;
- \_\_\_\_ (4) to receive, endorse, and cash any check payable to me. To deposit the same in my name and into account # \_\_\_\_\_ maintained in the \_\_\_\_\_ (Bank/Credit Union) at \_\_\_\_\_ (city/state/military installation)
- AV SMS (5) to register, enroll, change enrollment and/or health care election and benefits in the Tri-Care and Dependents Dental Program;
- \_\_\_\_ (6) to perform any and all necessary acts and to sign, execute and endorse any instrument necessary to obtain emergency financial assistance in the form of a loan from Air Force Aid;
- \_\_\_\_ (7) to take possession of and order the removal and shipment of any of my personal property wherever located; to file a claim for damage or loss of such property incurred during shipment;
- \_\_\_\_ (8) to have custody, care and control over my child/children, and to authorize and order all necessary items or services for my child's/children's welfare and benefit, to include, but not limited to, medical, dental, and surgical care, schooling, clothing, housing, food and other necessities of life and to otherwise act as temporary guardian of:

Name: _____	Date of Birth: _____	Allergies: _____
Name: _____	Date of Birth: _____	Allergies: _____
Name: _____	Date of Birth: _____	Allergies: _____
Name: _____	Date of Birth: _____	Allergies: _____

Members Notary  
Initials Initials

\_\_\_\_ (9) to obtain medical care and treatment at any hospital for my child/children, and to execute any consent and release or waiver of liability required by the hospital authorities incident to medical care and treatment for my child/children;

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_ (10) to perform any and all necessary acts and to sign, execute and endorse any instrument necessary to arrange for travel, at government expense or otherwise, for my legal dependents as defined by Air Force Instructions/Regulations;

\_\_\_\_ (11) to perform any and all acts and to sign, execute and endorse any instrument necessary for the issuance or reissuance of **Dependent Identification Cards** for any of my legal dependents as defined by Air Force Instructions/Regulations;

AV SMS (12) to perform any and all acts and to sign, execute and endorse any instrument necessary for the renewal of a passport and for **DEERS Enrollment** and **Tri-Care Enrollment**;

\_\_\_\_ (13) to sign for quarters, arrange for final inspection, clear quarters, and accept responsibility for the property therein;

\_\_\_\_ (14) to receive, accept or otherwise acquire in my name, during my absence on leave, TDY, or emergency leave all mail addressed to me and or my family, and any packages sent by the United States Postal Service, private carriers, or delivery services and addressed to me at:

\_\_\_\_ (15) to take possession of, operate, perform all acts and sign all documents in connection with the renewal or cancellation of the registration and/or insurance, and necessary in the sale and/or transfer title of my **privately owned vehicle(s)** described as:

Year: \_\_\_\_\_; Make: \_\_\_\_\_; Model: \_\_\_\_\_;

Vin # \_\_\_\_\_

Year: \_\_\_\_\_; Make: \_\_\_\_\_; Model: \_\_\_\_\_;

Vin # \_\_\_\_\_

\_\_\_\_ (16) to do all acts necessary in my name to **START, STOP OR CHANGE UTILITIES** for my home at \_\_\_\_\_ to include not limited to the following companies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members Notary  
Initials Initials

AV

Sms

(17) to do all acts for me in my name to make payments, sign documents, and receive information on my behalf regarding accounts in my name with all my **CREDITORS**;

\_\_\_\_ (18) to file **income** and all **other tax returns** and declarations of estimated tax required to be made by me by law; to represent and act for me in all tax matters in dispute or litigation, to receive, endorse, and collect checks in settlement of any refund of taxes, to file claims for abatement, refund, or credit taxes, to make any adjustments or settlements and to sign any and all receipts, waivers, settlements or agreements pertaining to all income on other taxes assessed against me or my property by statute.

AV

Sms

This power of attorney shall not be affected by disability of the principal.

\_\_\_\_ This power of attorney shall become ineffective upon disability of the principal.

And I hereby declare that if I shall be reported or listed as "missing in action" as that phrase is used in military parlance, such designation shall not bar my attorney from fully and completely exercising and continuing to exercise any and all powers granted, and that such report of "missing in action" shall neither constitute nor be interpreted as constituting notice of my death nor operate to revoke this instrument.

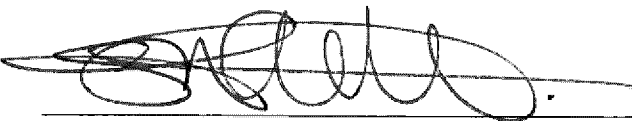
TERMINATION: Unless sooner revoked or terminated by me, this Power of Attorney shall become null and void from and on the 30 day of November, 2022.

IN WITNESS WHEREOF, I have hereunto set my hand this the 28 day of March, 2022

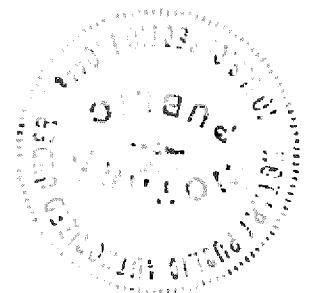
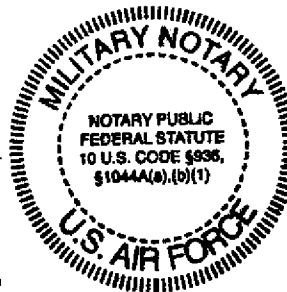
  
Grantor's Signature

**WITH THE ARMED FORCES AT KINGSLEY FIELD, OREGON, UNITED STATES OF AMERICA**

On this 28 day of March, 2022, I, a paralegal or attorney, authorized the general powers of a Notary Public under the provisions of Title 10, United States Code, Section 1044a, certify that the person whose name is signed to this instrument is within the class defined by Title 10, United States Code, Section 1044, did personally appear before me and, after the contents of this instrument had been read and explained, did sign this instrument and acknowledge doing so freely and voluntarily for the uses, purposes, and considerations set forth above.



Name: Sammy M. Sanchez, DSJA  
Grade and Branch of Service: Capt, USAF  
Command or Organization: Klamath Falls, OR (173 FW (ANG))



173 FW/JA  
208 Arnold Ave  
Klamath Falls, OR 97603