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POWER OF ATTORNEY

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I, ELVIN EMIL BIANCONI, do hereby grant Power of Attorney to the following persons to authorize any and all medical and surgical care of my minor children, DAWN MARIE BIANCONI and MARK LEE BIANCONI:

- | | |
|---|--|
| 1. MARJORIE ANN BIANCONI
806 West Turney
Phoenix, Arizona | 6. ELSIE HUBBARD
2930 Bechilli Lane
Redding, California
c/o Calvin's T.V. Service |
| 2. MARK KOCHVAR, M.D.
1905 Main Street
Klamath Falls, Oregon | |
| 3. MUNIR J. KATUL, M.D.
Medical-Dental Building
Klamath Falls, Oregon | |
| 4. FLETCHER F. CONN, M.D.
1905 Main Street
Klamath Falls, Oregon | |
| 5. O. W. GOAKEY
Attorney at Law
214 First National Bank Building
Klamath Falls, Oregon | |

It is my preference that MARJORIE M. BIANCONI first be contacted regarding medical and surgical treatment of my children, but if she cannot be reached immediately, I do hereby authorize any of the above physicians and my Attorney, O. W. GOAKEY, to immediately authorize whatever medical and surgical treatment is deemed necessary by any attending physician or hospital.

DATED this 15th day of March, 1971.

Elvin Emil Bianconi

STATE OF OREGON)
County of Klamath) ss.

SUBSCRIBED AND SWORN to before the undersigned Notary Public on the date appearing above.

Elvin E. Bianconi
1834 Highway
K Falls.

Margaret E. Goakey
NOTARY PUBLIC FOR OREGON
My Commission Expires: 3-19-73

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Elvin E. Bianconi
this 15th day of March A. D., 19 71 at 2:49 o'clock P.M., and duly recorded in
Vol. M 71 of Power of Attorney on Page 2206

Fee \$1.50

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By *Alice C. Rogers* WM. D. MILNE, County Clerk

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