| perform all financial transa | ctions in my absence | | |
|--|---|--|--|
| | | | |
| giving and granting unto my said attorney full pow whatsoever requisite and necessary to be done, as i sonally present, hereby ratifying and confirming al | er and authority to do and perform all and every act and thing fully, to all intents and purposes, as I might or could do it per- I that my said attorney shall lawfully do or cause to be done, | | |
| | context so requires, the singular includes the plural. Rill A. Blussen | | |
| and acknowledged the for | egoing instrument to be | | the same to the sa |
| POWER OF ATTORNEY (FORM No. 15) | stary Public for Oregon. My commission expires | | |
| 70 | I certify that the within instru- ment was received for record on the 21 day of September , 19 76 at 1:04 o'clock P.M., and recorded in book M.76 on page 14776 or as file/reel number 19253 , Record for Power of Attorney | | |
| RICHARO A. SHYREN 2625 ALTAMORI PA Sp. 18. M.F. ORE NAME. ADDRESS, ZIP | of said County. Witness my hand and seal of County affixed. Wm D Milne Recording officer. 3.00 Deputy. | | |
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