KNOW ALL MEN BY THESE PR	ESENTS, That I,	John Charles Dillon	6
have made, constituted and appointed and o	by these presents do make	e, constitute and appoint	
my true and lawful attorney, for me and in	my name, place and stea	d and for my use and benefit, to	
conduct my business affairs inc			
checking account, depositing che	ecks (including Soci	ol Committee at a	
Retirement checks, Disability cl	hecks) and disbursi	og funda farm is	
`	and along sli	g runds from said account.	
=			
3			
a			
giving and granting unto my said attorney fur whatsoever requisite and necessary to be don sonally present, hereby ratifying and confirm by virtue hereof.	all power and authority to ne, as fully, to all intents ning all that my said atto	o do and perform all and every act an and purposes, as I might or could do princy shall lawfully do or cause to l	nd thing o if per- be done,
In construing this instrument and who			•
Dated December 5, 19 80	or the context to require	s, the singular includes the plural.	
John to dellon	0.	ne Rollin	
0	0	O	••
3.50	Mose	Marie Dewey	
STATE OF OREGON, County of Klam			
Personally appeared the above named	John Charles A	ellon, Diane Polline -	1
	ne roregoing instrument to	be voluntary act ar	nd deed.
AGREETHY SPANS	ne: fulith	A Sulliva on. My commission expires 4-17	
TO DE CONTRACTOR OF THE CONTRA	Notary Public for Orego	on. My commission expires 4-17	-82
POWER OF ATTORNEY		STATE OF OREGON,)
		County ofKlamath	ss.
		I certify that the within	instru-
		ment was received for record	on the
		at 3:04o'clock.P.M., and r	9 <u>80</u> ,
70	SPACE RESERVED	in book/reel/volume No. M80	07
	FOR	page23774or as document/fi	ee/file/
	RECORDER'S USE	instrument/microfilm No. 9346 Record of Power of Attorn	е у
AFTER RECORDING RETURN TO		of said County.	
Oran Bollin		Witness my hand and County affixed.	seal of
5-444 Bay 544		Wm. D. Milne	• • • • • • • • • • • • • • • • • • • •
Adle Sharta may K. fall		To Kara the Illian	TITLE
NAME, ADDRESS, ZIP OL 97601		By pumelia Millich	Deputy