KNOW ALL MEN BY THESE PRESENTS, That I, Marjorie S. Litten

have made, constituted and appointed and by these presents do make, constitute and appoint

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

attend to the matter of any Medicare payment checks that may have fallen into the wrong hands; to receive any information from any agency, bank or person pursuant thereto and to impart any necessary information to assure that such checks intended for me are either returned to or sent to me or are reimbursed to me, however long it may take to accomplish this task.

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated January 14

STATE OF OREGON, County of A Language

Personally appeared the above named

and acknowledged the foregoing instrument to be

voluntary act and deed.

Before me:

Wind Garage Notary Public for Oregon. My commission expires

POWER OF ATTORNEY

(OFFICIAL SEAL)

(FORM No. 15)

SPACE RESERVED FOR RECORDER'S USE County of Klamath

STATE OF OREGON.

I certify that the within instrument was received for record on the 19 day of **Kan** . 19 83. at 2:10 Sclock P.M., and recorded in book reel volume No. M83 on page 1089 or as document fee file instrument microfilm No. 19643 Record of Power of Attorney of said County.

Witness my hand and seal of County affixed Evelyn Biehn County Clerk

Deputy

NAME, ADDRESS, ZIP