POILA No. 15-POWER OF ATTOEN	NEY.
~11/0	Vol 4000 Forms 9144
KNOW ALL ME	EN BY THESE PRESENTS, That I, Norman Miller Anderson Ir
	and appointed and by these presents do make
my frue and lawful atto	they for me and in
Take care of my	y children. Redeagle Anderer
, neeessar	y children, Redeagle Anderson, Rachel Anderson and Norma to seek whatever medical, dental or hospital care which ry for them.
Also to take the above, if an	e care of my stepson, Eric Anderson, and to do all of nd when, the need arises for such medical attention.
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whatsoever requisite and n	my said attorney full power and authority to do and perform all and every act and thing necessary to be done, as fully, to all intents and nurposes as I middle
sonally present, hereby rati	ny said attorney full power and authority to do and perform all and every act and thing necessary to be done, as fully, to all intents and purposes, as I might or could do if per- tifying and confirming all that my said attorney shall lawfully do or cause to be done,
In constraint this :-	
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