

**46709**

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KNOW ALL MEN BY THESE PRESENTS, That I, DAVID H. AND NORMA G. HELBIG

~~Kava Kava, Xanax, Valium and approximately 70 pills a day.~~

GIVE LOIS WHEELER, 1789 FARGO APT#2 KLAMATH FALLS, OR 97601 PHONE 884-3784  
 AUTHORIZATION TO ACT IN OUR STEAD, FOR THE CARE AND WELL BEING OF OUR  
 CHILDREN, JEANETTE M. HELBIG AND MICHAEL "SHAWN" HELBIG, WHILE IN HER CARE  
 DURING (3-8-85 to 6-15-85).  
 WE ARE RESPONSIBLE FOR ANY AND ALL DEBTS FOR ANY, AND ALL MEDICAL CARE AND  
 SERVICES DEEMED NECESSARY, BY LOIS WHEELER AND/OR ANY MEDICAL DOCTOR, OR  
 OURSELVES, FOR THE HEALTH, CARE, AND WELL BEING OF JEANETTE M. HELBIG OR  
 MICHAEL "SHAWN" HELBIG.  
 AGES= JEANETTE 8-13-67 17 YEARS. MICHAEL "SHAWN" 4-10-69 15 YEARS.  
 FOR MEDICAL CARE:

AGES= JEANETTE 8-13-67 17 YEARS. MICHAEL "SHAWN" 4-10-69 15 YEARS  
FOR MEDICAL CARE:  
KLAMATH MEDICAL CLINIC 1905 MAIN ST KLAMATH FALLS, OR 97601 PHONE 882-4691  
DRS. JOHN KLEEMAN OR DR CRAIG BENNETT  
MEDICAL INSURANCE: KMSB 2500 DAGGETT ST. KLAMATH FALLS, OR. 97601 PHONE 882-7756  
PHONE 884-7756

SUBSCRIBER: DAVID H. HELBIG  
MEMBER NO. 559426163

DEPENDENT COVERAGE-- YES.

EFFECTIVE DATE 2-1-84

EMPLOYER GROUP AND NO. AND NAME= 81403211 GOSPEL MISSION

[illegible]

~~XXXXXXXXXXXXXXXXXXXXX~~ Dated MARCH 11, 1985 ~~XXXXXXXXXXXXXXXXXXXXX~~

David L. Helby  
Norma E. Helby

STATE OF OREGON, County of Klamath ss

Personally appeared the above named

and acknowledged t

and acknowledged the foregoing instrument to be their voluntary act and deed

*Before me:*

Notary Public for Oregon. My commission expires 10-8-88

# POWER OF ATTORNEY

(FORM No. 15)

TO

**SPACE RESERVED**

FOR

RECORDED'S USE

**AFTER RECORDING RETURN TO**

NAME, ADDRESS, ZIP

STATE OF OREGON,  
County of .....Klamath..... } ss

I certify that the within instrument was received for record on the 11th day of March, 1985, at 2:10 o'clock P.M., and recorded in book/reel/volume No. M85, on page 3585 or as tee/file/instrument/microfilm/reception No. 46709, Record of Power of Attorney of said County.

Witness my hand and seal of  
County affixed.

..... Evelyn Biehn, County Clerk  
NAME TITLE  
By Pam Smith Deputy

Fee: \$5.00