FORM No. 15-POWER OF ATTORNEY. *****60196 STEVENS NESS LAW PUBLISHING CO. Vol_May_Page_ KNOW ALL MEN BY THESE PRESENTS, That I, Madison Venchas 6279 address 13671 Hidury aller 140 East Plamath Fuels, Origo have made, constituted and appointed and by these presents do make, constitute and appoint Margaret Olienensin Jacobs my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to have access to any safety deposit ber which has been sented in my home or on the name of myself and any other plason or persons; to seel, descount, enlouse, deliver and/on deposit all checks, drafte, roles and negotiable instruments payable to my order, to withdraw any moneys deposited In my name with any bank through my checking account, severings account, time deposits, etc. and in general b do any husiness with any banker on my behalf. ž 200 giving and granting unto my said attorney full power and authority to do and perform all and every act and thing 5 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 contirming all that my said attorney shall lawfully do or cause to be done, In construing this instrument and where the context so requires, the singular includes the plural. Dated afril 124 , 19 86 × Madison Henry abendrown STATE OF OREGON, County of Hamach)ss. Personally appeared the above named Madison Linky Obenchain and acknowledged the foregoing instrument to be april 124 19.86 voluntary act and deed. PENNY - CNDS Before me: (PROFFIND SEAL) LIC-OSEGON Kenny R Notary Public for Oregon. My commission expires 4y Commission Expires 9-18-88 POWER OF ATTORNEY (FORM No. 15) STATE OF OREGON. Madeson Henry Olienchain. County of ______ Klamath }ss. I certify that the within instrument was received for record on the 14th day of April 10 86 at. 1:33. o'clock P.M., and recorded in book/reel/volume No. M86 , on Margaret Ohenchain Jacobs PACE RESERVED page 5279 or as fee/file/instrument/microfilm/reception No. 60196 FOR Record of Power of Attorney RECORDER'S USE of said County. AFTER RECORDING RETURN TO Witness my hand and seal of Margaret Jacobs Bot bi County affixed.Evelyn_Biehn, County_Clerk NAME, ADDRESS, ZIP Fee: \$5.00 By I Am And Deputy