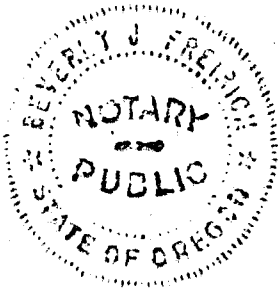


70088

DELEGATION OF POWERS

Vol. M87 Page 00141STATE OF Oregon
County of Klamath } ss.:I, Robert W. Geisler being duly sworn,
depose and say:I am the custodial parent or legal guardian of Philip W. Geisler ages 17, a minor(s),
and pursuant to ORS 126.030, I hereby grant full custody and controlof said child(ren) to: Mr. & Mrs. Michael R. Freirich
to act with full authority regarding any matter concerning the
care, custody, or property of said child; to act as I/we would
act, including but not limited to: granting of consent for any
medical, dental, psychological, psychiatric examinations, care,
or treatment including vaccinations or immunizations; enrollment
in school and participation in school activities; applying for
public benefits; and any other matter regarding the health or
welfare of said child except: the power to consent to the marriage
or adoption of said child(ren) and _____This power of attorney shall be valid for a period ending _____
but in no case for more than 180 days.

I/we reserve the power to terminate this authority at any time.

Signed: Robert W. GeislerSUBSCRIBED AND SWORN to before me this 16 day of January,
19 87.
Beverly J. Freirich
 NOTARY PUBLIC FOR OREGON
 My Commission expires: 3-14-88

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of January A.D., 19 87 at 2:15 o'clock P M., and duly recorded in Vol. M87
of Power of Attorney on Page 141

FEE \$5.00

Evelyn Biehn, County Clerk
By Smith

Lora Freirich
 846 A Homedale
 Klamath Falls, Or. 97601

\$5.00
 Cash

'87 JAN 5 PM 2 15