70088

DELEGATION OF POWERS Vol. M87 Page 00141

STATE OF Oregon)
) ss.:
County of Klamath)

'87 JAN 5 PM 2 15

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 control of 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, physchological, 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. Geisler

SUBSCRIBED AND SWORN to before me this 1st day of January, 1987.

Beverly J. Freirich
NOTARY PUBLIC FOR OREGON
My Commission expires: 3-14-88

BEVERLY J. FREIRICH NOTARY PUBLIC STATE OF OREGON

Lora Freirick
846 A Homedale
Klamath Falls, Or. 97601

$5.00 Cash

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 5th day 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 _____