

TK

72724

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4953

KNOW ALL MEN BY THESE PRESENTS, That I,

Martin Linza O'Neil

have made, constituted and appointed and by these presents do make, constitute and appoint
Connie Jane O'Neil

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

exercise all of my parental powers regarding the care, custody and property of Cassandra Jane O'Neil, whose date of birth is April 2, 1982, a minor, except the power to consent to his marriage or his adoption. This power shall include, but not be limited to, authority for medical and dental care and to enforce the natural father's support obligations. This consent shall terminate 9-25-87, unless sooner terminated by me.

AUTHORITY: ORS 126.030

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing 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 confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated March 26, 1987

Martin Linza O'Neil

STATE OF OREGON, County of Klamath

ss. Martin Linza O'Neil

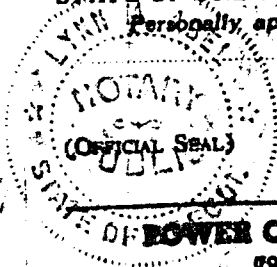
March 26, 1987

Personally appeared the above named

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

Notary Public for Oregon. My commission expires 8-1-89



POWER OF ATTORNEY
(FORM No. 13)

Martin Linza O'Neil

TO

Connie Jane O'Neil

AFTER RECORDING RETURN TO
2204 GETTLE ST.
K. FALLS, ORE. 97603

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 26th day of March, 1987, at 10:06 o'clock A.M., and recorded in book/reel/volume No. M87 on page 4953 or as document/file/instrument/microfilm No. 72724, Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

By [Signature] Deputy

Fee: \$5.00

SPACE RESERVED
FOR
RECORDER'S USE

87 MAR 26 AM 10 06

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