authorize medical care, and responsibilitie 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, In construing this instrument and where the context so requires, the singular includes the plural. STATE OF OREGON, County of Klamath ss. ersonally appeared the above named Judy Crawford and acknowledged the foregoing instrument to be Her voluntary act and deed. Before me: Notary bublic for Oregon. My commission expires 10-17-87 POWER OF ATTORNEY STATE OF OREGON, (FORM No. 15) County of ....Klamath I certify that the within instrument was received for record on the at .... 3:07. o'clock P...M., and recorded in book/reel/volume No......87...., on page ....6904 ..... or as fee/file/instru-SPACE RESERVED ment/microfilm/reception No. ...73803, FOR RECORDER'S USE Record of .... Power of Attorney of said County. AFTER RECORDING RETURN TO Witness my hand and seal of County affixed. Klamath Falls, OR .....Evelyn.Biehn, County Clerk. 97603 NAME, ADDRESS, ZIP