

DELEGATION OF POWERS

STATE OF

County of

ss.:

I, Rose Bowers being duly sworn,
depose and say:

I am the custodial parent ~~or legal guardian~~ of John Bowers
and Jamie Bowers ages nine and seven, ~~a~~ minor(s);
and pursuant to ORS 126.030, I hereby grant full custody and control
of said child(ren) to: Elsie and Norman Winter

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: Rose M Bowers

SUBSCRIBED AND SWORN to before me this 24th day of June
19 88.

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Jan Lukers
NOTARY PUBLIC FOR OREGON
My Commission expires: 6-19-89

on this 1st day of July A.D., 1988
at 10:40 o'clock A.M. and duly recorded
in Vol. M88 of Power of Att Page 10294

Evelyn Biehn County Clerk

By Dan Mullins
Deputy.

Fee, \$5.00

Ret. to: Norman Winter
7736 Donegal St.
Klamath Falls, Ore. 97603

04 JUN 1988