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KNOW ALL MEN BY THEST PR	FSFNTS That whereas	
KNOW ALL MEN BY THESE PR.	ri Lea Bailey	in and by
Letter, Warrant or Po	ower of Attorney, bearing th	e date of June 11th in and by
did make, constitute and appoint ra:	ron Lee Bailey	
true and lawful Attorney, for the purposes	and with the powers therein	set forth; as will more fully and at large th day of June 1987
appear by reference thereto, or to the recor	d thereof, made on the	day of June , 19 87
recorded in the office of the	egon	Cierk of the County of
or as document/fee/file/instrument/microf	ilm No. (in book/reel/	voidine ivoat page
	()	
NOW THEREFORE,	the said	Teri Lea Bailey
		for
and made void, and by these presents do	revoke counterment annul	ng, having revoked, countermanded, annulled, and make void the said Letter, Warrant or
Power of Attorney, and all power and author	ority thereby given, or intend	led to be given to the said
IN WITNESS WHEREOF, Iday of January		hand and seal this 27th
	1.	\mathcal{L} \mathcal{L}
	-/ew	L Bailey
		abla
and acknowledged	he above named Teri Lead the foregoing to be her	Ss. January 27 , 1989 a Bailey
		STATE OF OREGON.
		STATE OF OREGON,
Revocation of		County of Klamath
Power of Attorney		I certify that the within instru-
Fower of Attorney		ment was received for record on the
		27th day of Jan. , 19 89 ,
		at4:17o'clockP.M., and recorded
	SPACE RESERVED	in book/reel/volume No. 189 on
	RECORDER'S USE	page 1808 or as document/fee/file/
		instrument/microfilm No96520,
πο		Record ofDeedsof said County.
ТО		Witness my hand and seal of
Return:		County affixed.
Teri Lee Bailey 1231 Homedale Rd.		Evelyn Biehn, County Clerk
Klamath Falls, Or. 97603		NAME TITLE
Remach rails, or. 97003	Foc 65 00	By Gardens Much maise Deputy

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METER West Medical Center Southern Pacific Processor Common Comm		on FACILITY NAME (if not institution, give street	and number)	9c. CITY, TOWN,	OR LOCATION OF DEATH		
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THIS IS A TRUE AND EXAMPLE OF DEATH A ADDRESS AND EXPORTED BY	OHELE		//		(Signature)		
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HEALTH DIVISION