

TK

4315

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L. Pauline Cook

KNOW ALL MEN BY THESE PRESENTS, That I,

have made, constituted and appointed and by these presents do make, constitute and appoint

Highland Care Nursing Home my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

My father, Lesley W. Coates, a resident of the above nursing home.

This gives authority to the above Care Center to return my father to said nursing home in the event he should wander off unnoticed by the staff and end up off of the property of above nursing home and refuse to return voluntarily.

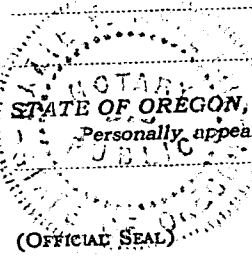
No physical force to the extent of injury to my father is to be used.

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 August 23, 1989.

L. Pauline Cook



STATE OF OREGON, County of Klamath

Personally appeared the above named L. Pauline Cook August 23, 1989 and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me: May J. McKenna Notary Public for Oregon. My commission expires 6-11-91

POWER OF ATTORNEY (FORM No. 15)

TO

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 24th day of Aug., 1989, at 12:34 o'clock P.M., and recorded in book/reel/volume No. m89, on page 15798 or as fee/file/instrument/microfilm/reception No. 4315, Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk NAME TITLE

By Pauline M. Mulders, Deputy

L. Pauline Cook P.O. Box 1468 Klamath Falls, Or. 97601 NAME, ADDRESS, ZIP

Fee \$8.00

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