

DELEGATION OF POWERS

STATE OF OREGON

County of Klamath

ss.:

I, JUDY TILLEY being duly sworn,
depose and say:

I am the custodial parent or legal guardian of FREE VALDEZ
ages 14, a minor(s),

and pursuant to ORS 126.030, I hereby grant full custody and control
of said child(ren) to: GEORGIEANN HAUDENSHIED

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: Judy Tilley

SUBSCRIBED AND SWORN to before me this 6th day of November
19 89.

Georgieann Haudenshied
313 High St.
Klamath Falls, Oregon
97601

[Signature]
NOTARY PUBLIC FOR OREGON
My Commission expires 11-6-91

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 7th day
of Nov. A.D. 19 89 at 9:39 o'clock A.M., and duly recorded in Vol. M89
of _____ Power of Attorney on Page 21460

FEE \$5.00

Evelyn Biehn County Clerk

By [Signature]

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89 NOV 6 AM 9 39