

DELEGATION OF POWERS

STATE OF OREGON

County of Klamath

ss.:

I, CINDY LUIMAN 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: GEORGIANN HAUDENSHILD

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, psychosocial, 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: Cynthia L. Luiman

SUBSCRIBED AND SWORN to before me this 7th day of November
19 89.

Georgiann Haudenschild
313 High St
Klamath Falls, Oregon
97601

Sam M. Jule
NOTARY PUBLIC FOR OREGON

My Commission expires: 10-14-90

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 AM., and duly recorded in Vol. M89
of Power of Attorney _____ on Page 21461.

Evelyn Biehn - County Clerk

By Pauline Muehlenberg

FEE \$5.00