

## DELEGATION OF POWERS

STATE OF

County of

ss.:

I, Suzette Ann Mosley being duly sworn,  
depone and say:

I am the custodial parent or legal guardian of Audrey  
Stubblefield ages 14, a minor(s),  
and pursuant to ORS 126.030, I hereby grant full custody and control  
of said child(ren) to: Lola Stubblefield

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 May  
8, 1990 but in no case for more than 180 days.

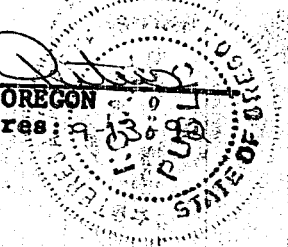
I/we reserve the power to terminate this authority at any time.

Signed: Suzette Ann Mosley

SUBSCRIBED AND SWORN to before me this 8th day of November,  
1989.

Return: Lola Stubblefield  
1425 Mitchell  
Klamath Falls, Or. 97601

NOTARY PUBLIC FOR OREGON  
My Commission expires: 9-13-92



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lola Stubblefield the 8th day  
of Nov. A.D. 19 89 at 3:07 o'clock P.M., and duly recorded in Vol. M89,  
of Power of Attorney on Page 21631.

FEE \$5.00  
cc 1.00

Evelyn Biehn County Clerk

By Pauline Muelandse

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