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	DELEGATION OF FOWERS
STATE OF OREGO	이 생각을 했는 것은 것 같은 것 같아요. 이 것 같아요. 이 것은 것은 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 있는 것이 있는 것이 같아요.
I. CINDY LU	MANbeing duly sworn,
depose and say:	rerug anth amoust
I am the custodi	lal parent or legal guardian of Starr Lynn Valu
	ages 12, a minor(
to act with full care, custody, o act, including b medical, deptal	ORS 1.26.030, I hereby grant full custody and control en) to: Judy Lynn Tilley authority regarding any matter concerning the property of said child; to act as I/we would but not limited to: granting of consent for any physchological, psychiatric examinations, care
to act with full care, custody, o act, including b medical, dental, or treatment inc in school and pa public benefits; welfare of maid	authority regarding any matter concerning the
to act with full care, custody, o act, including b medical, dental, or treatment inc in school and pa public benefits; welfare of said or adoption of s	an) to: Judy Lynn Tilley authority regarding any matter concerning the property of said child; to act as I/we would but not limited to: granting of consent for any physchological, psychiatric examinations, care, cluding vaccinations or immunizations; enrollment articipation in school activities; applying for and any other matter regarding the health or child except: the power to consent to the marriage wald child(ren) and
to act with full care, custody, o act, including b medical, dental, or treatment inc in school and pa public benefits; welfare of said or adoption of s	and any other matter regarding the power to consent to the marriage and and child for a period ending the power to consent to the marriage the power shall be valid for a period ending.
to act with full care, custody, o act, including b medical, dental, or treatment inc in school and pa public benefits; welfare of said or adoption of s	and any other matter regarding the power to consent to the marriage and any other matter concerning the stand child; to act as I/we would but not limited to: granting of consent for any physchological, psychiatric examinations, care, cluding vaccinations or immunizations; enrollment articipation in school activities; applying for child except: the power to consent to the marriage wald child(ren) and
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to act with full care, custody, o act, including b medical, dental, or treatment inc in school and pa public benefits; welfare of said or adoption of s	and any other matter regarding the power to consent to the marriage and any other matter concerning the stand child; to act as I/we would but not limited to: granting of consent for any physchological, psychiatric examinations, care, cluding vaccinations or immunizations; enrollment articipation in school activities; applying for child except: the power to consent to the marriage wald child(ren) and
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or said child(re to act, including b medical, dental, or treatment inc in school and pa public benefits; welfare of said or adoption of s This power of at	en) to: Judy Lynn Tilley L authority regarding any matter concerning the or property of said child; to act as I/we would but not limited to: granting of consent for any physchological, psychiatric examinations, care, cluding vaccinations or immunizations; enrollment articipation in school activities; applying for child except: the power to consent to the marriage maid child(ren) and to:rney shall be valid for a period ending but in no case for more than 180 days. power to terminate this authority at any time. Signed: Lindy John States WOIN to before me this left day of Robitscher. WOIN to before me this left day of Robitscher. WOIN to before me this left day of Robitscher. WOIN to before me this left day of Robitscher.

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