

11398

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DELEGATION OF POWERS

STATE OF OREGON)
County of KLAMATH) ss:

I, RAFAEL V. AND SARA L. SANCHEZ being duly sworn, depose and say:

I am the custodial parent or legal guardian of XXXXXXXXXXXXXX
XXXXXXXXXX LUIS MIGUEL SANCHEZ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ages FOURTEEN, a minor(s) and pursuant to ORS
126.030, I hereby grant full custody and control of said

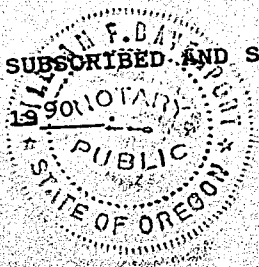
child(ren) to: ROBERTO R. AND SYLVIA R. DAVILA
to act with full authority regarding any matter concerning the
care, custody, or property of said child; to act as I/we would
act, including but not limited to: granting of consent for any
medical, dental, psychological, psychiatric examinations, care,
or 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(ren) except: the power to consent to the
marriage or adoption of said child(ren) and XXXXXXXXXXXXXXXXXXXX
XX

This power of attorney shall be valid for a period ending JUNE
8th, 1990 but in no case for more than 180 days.
I/we reserve the power to terminate this authority at any time.

Signed: _____

Sara L. Sanchez

SUBSCRIBED AND SWORN to before me this 14th day of FEBRUARY.



William F. Davila
NOTARY PUBLIC FOR OREGON
My Commission expires: AUGUST 5, 1991

Return: Roberto R. Davila
1814 Carlson
Klamath Falls, Or. 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Roberto R. Davila the 15th day
of Feb. A.D., 19 90 at 2:53 o'clock PM., and duly recorded in Vol. M90
of Power of Attorney on Page 3053

Evelyn Biehn
By Couline Mullinder County Clerk

FEE \$5.00
cc 1.00

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