Vol.mgd Page 3233 11487 DELEGATION OF POWERS STATE OF) ss: ance K Hattman, being duly sworn, depose and County of I am the custodial parent or legal guardian of Jeacy, See. Davis say: bre Kan I laste Conta Luna Daile and ____, a minor(s) and pursuant to ORS ages 8-6-126.030, I hereby grant full custody and control of said/ child(ren) to: <u>INAMA</u> hour 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, physchological, 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 M/AThis 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 Annuk SUBSCRIBED AND SWORN to before me this 20th day of Feloeuach 1990 NOTARY PUBLIC FOR OREGON My Commission expires: 10/30/93 NOIAR Return: Wanda Lou Sheldon 110 Peninsula ្រំ Tulelake, Ca. 96134 Communited and the second STATE OF OREGON: COUNTY OF KLAMATH: SS. Filed for record at request of ______ Wanda Lou Sheldon Feb. A.D., 19 90 at 11:32 o'clock A.M., and duly recorded in Vol. M90 of _ Power of Attorney on Page 3233 of ____ County Clerk Evelyn Biehn By Dauline Mullindare FEE \$5.00 cc 1.00