

DELEGATION OF POWERS

STATE OF OREGON)
) ss:
 County of KLAMATH)

I, JOSE MANUEL AND TERESA DIAZ being duly sworn, depose and say:

I am the custodial parent or legal guardian of HUMBERTO M. DIAZ
AND JAIME M. DIAZ

ages 19, 17, 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

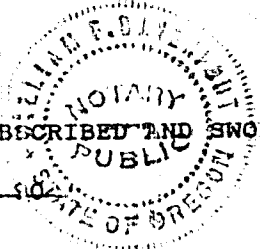
This power of attorney shall be valid for a period ending JUNE
20, 1990 but in no case for more than 180 days.

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

Signed: Jose Manuel Diaz
Teresa Diaz

SUBSCRIBED AND SWORN to before me this 26 day of MARCH,

19 90



William G. Davison
 NOTARY PUBLIC FOR OREGON
 My Commission expires: 08/03/91

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Roberto R. Davila the 27th day
 of March A.D., 19 90 at 10:27 o'clock A.M., and duly recorded in Vol. M90,
 of Power of Attorney on Page 5524.

FEE \$5.00/cc 1.00

Return: Roberto R. Davila

1814 Carlson, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By Pauline Mulender

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