

STATE OF

) ss:

County of

I, Linda Kay Stevens being duly sworn, depose and say:

I am the custodial parent or legal guardian of Lynn Marie Stevens

ages 16, a minor(s) and pursuant to ORS

126.030, I hereby grant full custody and control of said

child(ren) to: John Mark

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 _____

This 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: Linda K. Stevens

SUBSCRIBED AND SWORN to before me this 22nd day of October, 1990.

Doris Smith
NOTARY PUBLIC FOR OREGON
My Commission expires: 10/18/93

Return: Linda Stevens
P.O. Box 11
Klamath Falls, Or. 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Linda K. Stevens the 22nd day of Oct. A.D., 19 90 at 2:35 o'clock P M., and duly recorded in Vol. M90 of Power of Attorney on Page 21213

Evelyn Biehn - County Clerk

By Doris Smith

FEES \$5.00
cc 1.00

90 OCT 22 PM 2 35

