

TK 24265

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KNOW ALL MEN BY THESE PRESENTS, That I, Louise Emma Irene HAMMARI (née KREISS) - Social Security # 561-34-7649- have made, constituted and appointed and by these presents do make, constitute and appoint my son, Jon A. HAMMARI, P.O. Box 4479, Chico, California 95927-4479, my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

represent me before the Internal Revenue Service of the United States of America, and/or the Oregon State Department of Revenue, and/or the California State Franchise Tax Board, in case of audit or any other situation which would require my presence during the time in which I will be serving as a missionary — estimated to be from February 6th 1991 through August 12th 1992;

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.
Dated December 31, 1990

Louise Hammari

STATE OF OREGON, County of Klamath

December 31, 1990

Personally appeared the above named * * Louise Emma Irene Hammari * *
* * * * * and acknowledged the foregoing instrument to be she voluntary act and deed.

Before me: [Signature] K. Linville
Notary Public for Oregon. My commission expires 11-4-98

POWER OF ATTORNEY

(FORM No. 15)

TO

AFTER RECORDING RETURN TO

Jon A. Hammari

P.O. Box 4479

Chico, CA 95927-4479

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath

ss.

I certify that the within instrument was received for record on the 31st day of Dec., 19 90, at 3:50 o'clock P.M., and recorded in book/reel/volume No. M90, on page 25749 or as fee/file/instrument/microfilm/reception No. 24265.
Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Pauline Mullendore Deputy

Fee \$5.00
cc's 3.00

190 DEC 31 PM 3 50