

POWER OF ATTORNEY

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I, CYNTHIA HUERTA, of Oceanside, California, the mother of WILLIAM LOUIS SEVIER, born March 25, 1976, and AMBER IRENE SEVIER, born October 16, 1977, minors, have entrusted said Minors into the care of ROBERT MICHAEL KASPER, and/or HENRIETTA KASPER, adults, for particular reasons for an indefinite period of time, and for the welfare of such children. I, CYNTHIA HUERTA, hereby appoint ROBERT MICHAEL KASPER, and/or HENRIETTA KASPER, of 3171 Bristol Street, Klamath Fall, Oregon, 97603, my true and lawful attorney in fact for me and in my name, place and stead, and for my use and benefit, in all matters concerning the welfare of said minors, WILLIAM LOUIS SEVIER and AMBER IRENE SEVIER.

This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not be construed or interpreted as limiting or restricting the general powers herein granted to my attorney in fact.

In connection with this grant of power of attorney, I authorize my attorney in fact to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of, a physician and surgeon licensed under the provisions of the Medicine Practice Act; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered

to such minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances, within the full discretion, and in the course of the same kind of responsible deliberations as I as such minor's parent would have to consider it.

Also in connection with this grant of power of attorney, I authorize ROBERT MICHAEL KASPER and/or HENRIETTA KASPER to receive the release or surrender of the custody of said minors from any hospital or similar institution. This specific grant of power of attorney is designed to fulfill any written authorization demanded by a hospital establishment holding a license in good standing issued under the provisions of Chapter 2, Chapter 2.5 or Chapter 3 of Division 2, of the Health and Safety Code pursuant to Section 16002 of the Welfare and Institutions Code of California.

I hereby authorize my attorney in fact to enroll said minors in an educational institution holding certification under the laws of the State of California and to demand, at their discretion, to have access to any written records kept by any educational institution in which said minors is attending or has attended and/or to access. This specific grant of power of attorney is designed to fulfill the written authorization required by an educational institution pursuant to Section 10751 of the Education Code of California before allowing a non-parent access to written records kept by said educational institution.

I give and grant to my attorney in fact full power and authority to do and perform all and every act and thing whatsoever requisite necessary and proper to be done in the exercise of any of the rights and powers herein granted, in all matters concerning the welfare of said minors, as fully to all intents and purposes as I might or could do if personally present.

Compensation for exercising the powers and duties herein conferred is to be determined outside of this instrument.

The rights, powers, and authority of my attorney in fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on January 7, 1988, and shall remain in full force and effect until revocation at any date at the discretion of myself, CYNTHIA HUERTA, by written or oral notice given to my attorneys in fact. I

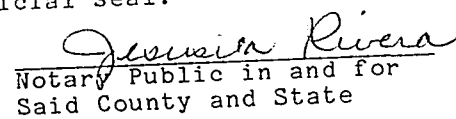
reserve the right to revoke any authority or to negate any consent given by my attorneys in fact to any third party by giving written or oral notice to said third party; and as to said third party this power of attorney shall immediately become a nullity, and my consent and authority shall then be dispositive.

I hereby accept the above-stated duties, rights and responsibilities on this 4th day of January, 1988.

HENRIETTA KASPER

On January 7, 1988, before me the undersigned a Notary Public in and for said State, personally appeared CYNTHIA HUERTA, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.



STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Henrietta Kasper
on this 31st day of July A.D. 19 91
at 2:25 o'clock P. M. and duly recorded
in Vol. M91 of Power of Attorney Page 14977.
Evelyn Biehn
By Frederic M. Mullender Deputy.

Deputy.

Fee, \$20.00