KNOW ALL MEN BY THESE PRESENTS, That I, CHERT M. HAGER-STUDT

have made, constituted and appointed and by these presents do make, constitute and appoint LARRY D. AND JUDY A. HAGER, SCANDPARENTS OF AMAIDA

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to HAKE MY PERMISSION TO SET ANY MEDICAL ATTENTION THAT MAY BE NEEDED FOR AMANDAJ. HASER-BLENINS.

I ALSO GIVE ALL CUSTODY AND OR ALL GUARDIAN SHIP RIGHTS AND ANY OTHER LEGAL REGHTS PERTAINING TO THE HEALTH AND WELFARE OF AMANDA I HAGER-BLEVING TO MY PARENTS, LARRY D. AND JUDY A. HAGER, GRANDARENTS OF AMANDA J. HAGER-BLEVING.

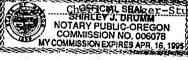
giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney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

In construing this instrument and where the context as a series of the construing this instrument and where the context as a series of the construing this instrument and where the context as a series of the context as a series

Dated	October	2,	19 91	where the con	text so requires,	the singular	includes the pl	ural.
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STATE OF OREGON, County of Klamath)ss.

This instrument was scknowledged before me on October 2, 1991
Charical Stakler-Studt Cheri M. Hager-Studt



Notary Public for Oregon
My commission expires April 16, 1995

County affixed.

POWER OF ATTORNEY (FORM No. 15)		STATE OF OREGON, County of		
		I certify that the within instru-		
		ment was received for record on the		
10	SPACE RESERVED	book/reel/volume No		
	POR RECORDER'S USE	ment/microfilm/reception No. 35440., Record of Power of Attorney		
AFTER RECORDING SETURN VA		of said County. Witness my hand and seal of		

ARRYD. 4 JUDY A. HAGER

NAME, ADDRESS, ZIP Fee \$5.0

Evelyn Biehn, County Clerk

By aculent Mullendore Deputy

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