STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR S COPYRIGHT 1990 Vol.mg2 Page 3880 FORM No. 15-POWER OF ATTORNEY. KNOW ALL MEN BY THESE PRESENTS, That I, Thelma Johnson and Daniel G. ŤΚ 41454 Johnson have made, constituted and appointed and by these presents do make, constitute and appoint Steven E. Baker and Dianna Baker my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to take care of our grandson, Ezekiel Bonifacio Tellez, over whom we have Guardianship under case No. 91-01746 CV, filed in the Klamath County Circuit Court, in our absence. To seek medical or hospital services for him should it become necessary. EE 2 - PH 4 - 19 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 it personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, In construing this instrument and where the context so requires, the singular includes the plural. by virtue hereof. ...., 19.9.2.... Dated February 24 STATE OF OREGON, County of <u>Klamath</u>)ss. This instrument was acknowledged before me on <u>February 24</u>, 19.92, CIAME BOZGO2 MCTARY PUBLIC-OREGON COMMISSION SYNRES JAN 22, 1986 WY COMMISSION SYNRES JAN 22, 1986 STATE OF OREGON. County of .....Klamath POWER OF ATTORNEY I certify that the within instru-(FORM No. 15) ment was received for record on the 25th. day of \_\_\_\_\_ Feb. \_\_\_\_\_ 19\_92, Thelma and Daniel Johnson at 4:19 .... o'clock P.M., and recorded in book/reel/volume No...... M92......, on page ... 3880 ..... or as fee/file/instrument/microfilm/reception No. 41454 ...., SPACE RESERVED τO Record of .... Power of Attorney FOR Steven Baker and Diana Baker RECORDER'S USE of said County. Witness my hand and seal of County affixed. AFTER RECORDING RETURN TO Evelyn Biehn, County Clerk Steven Baker 4143 Adelaide Ave. Br Qauline Mulendore Deputy Klamath Falls, Or 97603 Fee \$5.00 NAME, ADDRESS, ZIP

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