

DELEGATION OF POWERS

STATE OF OREGON)
 County of Klamath) ss:

I, Barbara Jean Thill do hereby affirm the following to be true:

I am the custodial parent or legal guardian of the following child(ren): Keile-Allen Travis Bailey
 age(s): 2, a minor(s) and pursuant to ORS 126.030, I hereby grant full custody and control of said child(ren) to: Debra Lee Thill

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: _____

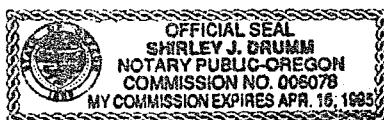
This power of attorney shall be valid for a period ending August 26 1992, but in no case for more than 180 days. I/we reserve the power to terminate this authority at any time.

Signed: Barbara Jean Thill

SUBSCRIBED AND SWORN to before me this 26th day of

February, 1992.

Shirley J. Drumm
 NOTARY PUBLIC FOR OREGON
 My Commission expires: April 16, 1992



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Barbara Jean Thill the 26th day of Feb. A.D., 1992 at 2:55 o'clock P. M., and duly recorded in Vol. M92 of Power of Attorney on Page 3971.
 Evelyn Biehn County Clerk
 By Debra Lee Thill

FEE \$5.00/cc \$1.00

Return: Debra Thill

4411 Stebbins, Klamath Falls, Or. 97601

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