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FORM No. 15—POWER OF ATTORNEY.

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TK 48676

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KNOW ALL MEN BY THESE PRESENTS, That I, Judith L Robinson, mother of Katrina Jo Smith

have made, constituted and appointed and by these presents do make, constitute and appoint Faith Cave

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

act as temporary guardian for Katrina Jo Smith. And will have the power to oversee matters relating to attendance at School, school functions, education and to authorize Emergency medical treatment.

THIS AUTHORIZATION EXPIRES 06/15/93

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 August 4, 1992

*Judith L Robinson*

STATE OF OREGON, County of Jackson ss.

This instrument was acknowledged before me on August 4, 1992, by Judith L Robinson

MAF L HUSTED  
NOTARY PUBLIC - OREGON  
My Commission Expires 4-9-93

*MAF L HUSTED*  
Notary Public for Oregon  
My commission expires 4-9-93

**POWER OF ATTORNEY**  
(FORM No. 15)

TO

SPACE RESERVED  
FOR  
RECORDER'S USE

AFTER RECORDING RETURN TO

Faith Cave  
2437 Applegate Ave.  
Klamath Falls, OR 97601

NAME, ADDRESS, ZIP

Fee \$5.00

STATE OF OREGON, }  
County of Klamath } ss.

I certify that the within instrument was received for record on the 7th day of Aug. 1992 at 3:21 o'clock P.M. and recorded in book reel volume No. M92, on page 17713 or as fee/file instrument/microfilm/reception No. 48676. Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME TITLE

By *Dan* Deputy

CR 5.00